



# Miriam College Basic Education Unit

## APPLICATION SLIP FOR ADMISSION

For School Year: \_\_\_\_\_

Grade Level Applying for: \_\_\_\_\_  New  Continuing  Returning

NAME OF APPLICANT: \_\_\_\_\_

(Name in Birth Certificate)                      SURNAME                      GIVEN NAME                      MIDDLE NAME                      (M.I. used)

Home Address: \_\_\_\_\_

\_\_\_\_\_

Tel. No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Email: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ Present Grade Level: \_\_\_\_\_

School Address: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

If transferring from another school, kindly state the reason for transferring: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\* Do not write below this Line \*\*\*\*\*

### **CHECKLIST OF SUBMITTED REQUIREMENTS** **(Only applicants with complete requirements will be processed)**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Certified True Copy</b> of the current School Year Report Card    | <input type="checkbox"/> <b>Recommendation Forms</b>                                      |
| <input type="checkbox"/> <b>Certified True Copy</b> of the last grade level Final Report Card | ____ Homeroom Adviser   |
| <input type="checkbox"/> <b>NSO/PSA Birth Certificate (original copy)</b>                     | ____ Guidance Counselor   |
| <input type="checkbox"/> <b>Baptismal Certificate</b>   | <input type="checkbox"/> <b>Student Health Record Form</b>                                |
| ____ Original copy presented  | <input type="checkbox"/> <b>Application Form /Personal Data Form</b>                      |
| ____ Clear photocopy  | <input type="checkbox"/> <b>Non-Refundable Application &amp; Testing Fee (Php 500.00)</b> |
| <input type="checkbox"/> <b>Three (3) pcs. 2 x 2 Recent ID Pictures</b> (identical & colored) |   |

Test Permit Received by: \_\_\_\_\_ Checked by: \_\_\_\_\_  
Signature over Printed Name / Date                      Signature over Printed Name / Date

APPLICATION # \_\_\_\_\_ OR # \_\_\_\_\_ Date: \_\_\_\_\_

*NOTE: Credentials submitted in support of the application become the property of the school and will not be returned to the applicant.*