



Assumption College

San Lorenzo Drive
San Lorenzo Village
Makati City 1223

Telephones
817-7773 telefax
817-0757 loc. 2050

APPLICATION FOR ADMISSION

AF 2005

School Year _____

1 x 1
PHOTO

<p>Instructions: ALL SECTIONS MUST BE COMPLETED. Please print boldly using block letters. Write NA on the space when an item is not applicable. Do not leave any item unanswered.</p> <p>Affix signatures on indicated spaces. Failure to do so can delay processing of your application. The status of application cannot be determined without the accomplished recommendation form and required records. Application forms are processed on a first come first serve basis so make sure compliance with all application requirements is completed as soon as possible.</p>	NAME		
	LAST	FIRST	MIDDLE
	ADDRESS		
	STREET NO.	STREE	VILLAGE/BARANGGAY
	CITY	PROVINCE	ZIP CODE
	TELEPHONE	MOBILE	
EMAIL ADDRESS			

FOR OFFICIAL USE. DO NOT WRITE BELOW THIS LINE.

COURSE	MAJOR
TESTING DATE	STUDENT NO.

OR No.	OR Date	OR Amount
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ACET <table border="1"> <tr><td>V</td><td> </td><td>%</td></tr> <tr><td>Q</td><td> </td><td>%</td></tr> <tr><td>TR</td><td> </td><td>%</td></tr> </table>	V		%	Q		%	TR		%	S <table border="1"> <tr><td><input type="checkbox"/></td><td>0</td><td><input type="checkbox"/></td><td>1</td></tr> <tr><td><input type="checkbox"/></td><td>2</td><td><input type="checkbox"/></td><td>3</td></tr> <tr><td><input type="checkbox"/></td><td>4</td><td><input type="checkbox"/></td><td>5</td></tr> <tr><td><input type="checkbox"/></td><td>6</td><td><input type="checkbox"/></td><td>7</td></tr> <tr><td><input type="checkbox"/></td><td>8</td><td><input type="checkbox"/></td><td>9</td></tr> </table>	<input type="checkbox"/>	0	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>	7	<input type="checkbox"/>	8	<input type="checkbox"/>	9	AP <table border="1"> <tr><td>1</td><td>En</td><td><input type="checkbox"/></td></tr> <tr><td>2</td><td>Fil</td><td><input type="checkbox"/></td></tr> <tr><td>3</td><td>Ma</td><td><input type="checkbox"/></td></tr> <tr><td>4</td><td>Sc</td><td><input type="checkbox"/></td></tr> <tr><td></td><td>So</td><td><input type="checkbox"/></td></tr> <tr><td colspan="2">GPA</td><td><input type="checkbox"/></td></tr> </table>	1	En	<input type="checkbox"/>	2	Fil	<input type="checkbox"/>	3	Ma	<input type="checkbox"/>	4	Sc	<input type="checkbox"/>		So	<input type="checkbox"/>	GPA		<input type="checkbox"/>	RF <table border="1"> <tr><td>GC</td><td><input type="checkbox"/></td></tr> <tr><td>P/D</td><td><input type="checkbox"/></td></tr> </table>	GC	<input type="checkbox"/>	P/D	<input type="checkbox"/>	BA <table border="1"> <tr><td><input type="checkbox"/></td><td>Academic Honors</td></tr> <tr><td><input type="checkbox"/></td><td>Interrupted</td></tr> <tr><td><input type="checkbox"/></td><td>Schooling</td></tr> <tr><td><input type="checkbox"/></td><td>Repeater</td></tr> <tr><td><input type="checkbox"/></td><td>Failures</td></tr> </table>	<input type="checkbox"/>	Academic Honors	<input type="checkbox"/>	Interrupted	<input type="checkbox"/>	Schooling	<input type="checkbox"/>	Repeater	<input type="checkbox"/>	Failures
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TOTAL RATING

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ACTION TAKEN	<input type="checkbox"/> Automatic Acceptance	<input type="checkbox"/> Automatic Reject	<input type="checkbox"/> For Reconsideration
TYPE	<input type="checkbox"/> F <input type="checkbox"/> T <input type="checkbox"/> S	STATUS	<input type="checkbox"/> Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Reject
English Enrichment/Date	Math Enrichment/Date	Both /Dates	

A PERSONAL INFORMATION

01	Date of Birth	Month	Day	Year	Place of Birth	
02	Religion	<input type="checkbox"/> Roman Catholic	<input type="checkbox"/> Other, specify			
03	Citizenship	<input type="checkbox"/> Filipino	<input type="checkbox"/> Alien, specify			
04	Civil Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced

FOR NON-FILIPINOS AND FILIPINOS BORN ABROAD

05	Immigration Status/Visa Classification	Country Issuing Passport				
06	Passport No.	Date Issued	Month	Day	Year	Place Issued
07	ACR No.	Date Issued	Month	Day	Year	Place Issued

FAMILY BACKGROUND

08	Name of Father	Last	First	Middle		
	Living?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Citizenship	<input type="checkbox"/> Filipino	<input type="checkbox"/> Alien, specify
	Address	Home Telephone No.				
	Email address	Mobile telephone No.				
	Highest Education Attainment	Business/Occupation				
	Company Name	Position				
	Business Address	BusinessTelephone No.				

09	Name of Mother	Last	First	Middle		
	Living?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Citizenship	<input type="checkbox"/> Filipino	<input type="checkbox"/> Alien, specify
	Address	Home Telephone No.				
	Email address	Mobile telephone No.				
	Highest Education Attainment	Business/Occupation				
	Company Name	Position				
	Business Address	BusinessTelephone No.				

10	Name of Guardian	Last	First	Middle		
	Living?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Citizenship	<input type="checkbox"/> Filipino	<input type="checkbox"/> Alien, specify
	Address	Home Telephone No.				
	Email address	Mobile telephone No.				
	Highest Education Attainment	Business/Occupation				
	Company Name	Position				
	Business Address	BusinessTelephone No.				

For Married Applicants

11	Name of Spouse			Last	First	Middle
	Date of Birth	Month	Day	Year	Citizenship	<input type="checkbox"/> Filipino <input type="checkbox"/> Alien, specify
	Address				Home Telephone No.	
	Email address				Mobile telephone No.	
	Highest Education Attainment				Business/Occupation	
	Company Name				Position	
	Business Address				Business Telephone No.	
12	Do you have relatives who graduated or study in Assumption?				<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, specify
	Name/Relationship	Year Graduated/Study		Department (GS, HS, College)		Location
13	Siblings (brothers and sisters)				<input type="checkbox"/> Yes	<input type="checkbox"/> No If yes, specify
	Name/Level?Position	Age		School/Office		Grade/Year
14	Have you ever been pregnant?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	15 Are you pregnant now?
				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16	Do you have children?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, specify
	Name	Age		School		Grade Level

B ACADEMIC BACKGROUND

01	Present/Last School's Official Name					
02	School Address				03 Telephone No.	
04	Principal/College Dean			05 Guidance Counselor		
06	Schools Attended		Address		Year Graduated	
	Grade School					
	High School					

For Transferrees If you were at any one time enrolled in a certificate or degree course, please fill up this segment.

07	Have you ever applied at the Assumption College in the past?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, Year and Course applied		Reason for leaving	
08	Colleges/Universities attended	Address	Course	Year attended

ACADEMIC HONORS AND DISTINCTIONS

09	Please list all academic honors, distinctions, awards earned. Use a separate sheet of paper if necessary.			
	Honor/Award	Year Level	Event	
10	Are you a candidate for Class Valedictorian, Salutatorian, or Honorable Mention?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please specify.			

Please submit a photocopy of your Certificate of Merit to the Admissions Office as soon as you receive it.

DISCONTINUANCE OF STUDY

11	Did you ever have to stop studying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please provide the details below.
	School Year/Reason(s)			

ACADEMIC PROBLEMS

12	Did you fail in any subject(s) in high school/college?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide the details below. (Transferrees must include undergraduate courses.) Use separate sheet of paper, if necessary.			
	Subject	Grading Period	Year Level	Reason for failure
13	Did you ever have to repeat a year in high school?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, please provide the details below.			
	Year Level	Subjects failed		Reason for failure

DISCIPLINARY RECORD

14	Were you ever placed on probation, suspension, or expelled from school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide the details below. (Transferees must include undergraduate courses.) Use separate sheet of paper, if necessary.			
	Offense	Penalty	Period Covered
15	Were you ever expelled or refused enrollment from your high school, college or university?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify.			

C ACTIVITIES

01	List all activities, jobs, and interests outside of class. Transferees must include college activities. Please include positions held and other special responsibilities. Use an additional sheet if necessary. Mark SR for school related, NSR for non-school related.		
	Activity or Organization	Year Level	Number of hours involved per day/week/month
02	Have you ever been elected/appointed as class officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify.			
03	Do you currently (or in the past) have a modelling contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify.			

D COLLEGE APPLICATION

01	In order of preference, please list colleges or universities you have applied to or intend to apply to.		
	College/University	Course	Have you taken entrance test?
02	Please rank (1 being the highest) top 5 factors which helped in choosing Assumption College.		
<input type="checkbox"/>	Academic Excellence	<input type="checkbox"/>	Womens' College
<input type="checkbox"/>	Family	<input type="checkbox"/>	Character/Values formation
<input type="checkbox"/>	Friend	<input type="checkbox"/>	College Fair
<input type="checkbox"/>	AC Student	<input type="checkbox"/>	Parents' choice
<input type="checkbox"/>	Newspaper ad	<input type="checkbox"/>	Career opportunities after graduation
<input type="checkbox"/>		<input type="checkbox"/>	Flyer/Brochure/Poster
<input type="checkbox"/>		<input type="checkbox"/>	High school counselor
<input type="checkbox"/>		<input type="checkbox"/>	Courses
<input type="checkbox"/>		<input type="checkbox"/>	Others _____
<input type="checkbox"/>		<input type="checkbox"/>	AC Graduate
<input type="checkbox"/>		<input type="checkbox"/>	Location
<input type="checkbox"/>		<input type="checkbox"/>	Prestige

03	Please rank in numerical order the top 3 course preferences offered by Assumption College
	I
	2
	3
04	Why did you select your most preferred course?
05	Who decided on your course/study in Assumption?

E EMERGENCY INFORMATION

Please provide the name of a contact person other than your parents whom the Admissions Office can call.		
Person to notify	LAST	FIRST MIDDLE
Relation to you	<input type="checkbox"/> Aunt/Uncle	<input type="checkbox"/> Brother/Sister <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____
Home Address		
Home phone	Business telephone	Mobile

F AGREEMENT

The following must be read and signed by the applicant and her parent(s), guardian, or spouse.

I understand that my application and admission into the Assumption College are subject to the following conditions:

1. That it is the responsibility of the applicant to provide all necessary documentary evidence of her qualification and experience;
2. That confidential recommendations, interview reports, and statements from members of the Admissions Committee and the Admissions staff will be used solely for purposes of evaluation of this application;
3. That contents of confidential appraisals shall not be disclosed to me and members of my family.
4. That credentials filed in support of this application which are received by the Admissions Office become the property of the Assumption College and will not be returned to the applicant;
5. That all forms distributed by the Admissions Office to elicit information are the property of Assumption College and therefore recognize Assumption College's property and confidentiality rights to the same;
6. That I have provided accurate information in this application, and authorize the verification of my credentials;
7. That any misrepresentation or omission of facts in my application will justify the denial or cancellation of admission;
8. That I will notify the Admissions Office of any change in status stated in this application and supporting documents from date of application to date of formal admission into the College;
9. That I agree to comply with the rules, policies, and regulation of the Assumption College when I am accepted.

DECLARATION

I have read and understood all sections of this admissions package. I declare that to the best of my knowledge the information supplied in this application and the documentationsupporting it is correct and complete.

Signature of Applicant

Date

1 x 1
PHOTO

Signature of Parent/Guardian/Spouse

Date