



APPLICATION FOR ADMISSION

please attached 2x2 picture

ID NUMBER:

PERSONAL INFORMATION			
LAST NAME		DATE OF BIRTH	
FIRST NAME		PLACE OF BIRTH	
MIDDLE NAME		RELIGION	
PERMANENT ADDRESS		GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS IN METRO MANILA	<input type="checkbox"/> same as above	CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married
EMAIL ADDRESS		CITIZENSHIP	
		CONTACT NO.	

FAMILY BACKGROUND			
FATHER'S NAME		MOTHER'S NAME	
OCCUPATION		OCCUPATION	
CONTACT NO.		CONTACT NO.	
RELIGION		RELIGION	
EMAIL ADDRESS		EMAIL ADDRESS	
Person responsible for your account <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian		Person to be notified in case of emergency <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
GUARDIAN'S NAME (put N/A if none)	Name:	GUARDIAN'S CONTACT NO.	
	Relationship:		

EDUCATIONAL BACKGROUND			
ELEMENTARY		JUNIOR HIGH SCHOOL	
LOCATION		LOCATION	
INCLUSIVE YEARS	From: To:	INCLUSIVE YEARS	From: To:
HONORS/AWARDS		HONORS/AWARDS	
SENIOR HIGH SCHOOL		TERTIARY (put N/A if none)	
LOCATION		LOCATION	
INCLUSIVE YEAR	From: To:	INCLUSIVE YEAR	From: To:
HONORS/AWARDS		HONORS/AWARDS	

PROGRAM APPLIED (Kindly put a check mark)		
<input type="checkbox"/> ACCOUNTANCY	<input type="checkbox"/> MIDWIFERY	SENIOR HIGH SCHOOL:
<input type="checkbox"/> ACCOUNTING INFORMATION SYSTEM	<input type="checkbox"/> NURSING	
<input type="checkbox"/> BUSINESS ADMINISTRATION - FINANCIAL MNGT.	<input type="checkbox"/> PHARMACY	<input type="checkbox"/> Science, Technology, Engineering, Mathematics (STEM)
<input type="checkbox"/> BUSINESS ADMINISTRATION - MARKETING MNGT.	<input type="checkbox"/> PHYSICAL THERAPY	<input type="checkbox"/> Accountancy, Business Management (ABM)
<input type="checkbox"/> MEDICAL LABORATORY SCIENCE	<input type="checkbox"/> RADIOLOGIC TECHNOLOGY	

I hereby certify that the above information is true and correct. I hereby hold myself liable for any error or discrepancy. If admitted, I agree to abide by the policies, rules and regulations of the College.

Pursuant to the Philippine Data Privacy Act (RA 10173) and its implementing Rules and Regulations. I hereby provide my consent and allow MANILA ADVENTIST COLLEGE to use the information provided that may contain personal data for the purpose of profiling the college admission applications. These materials and information may also be shared with other offices/department within the college.

Applicant's Signature

Date