

(For **SENIOR HIGH SCHOOL**, please **check** the **preferred strand** of the Academic Track.)

\_\_\_ Accountancy, Business and Management (**ABM**)

\_\_\_ Humanities and Social Sciences (**HUMSS**)

\_\_\_ Science, Technology, Engineering and Mathematics (**STEM**)



## LA SALLE GREEN HILLS

343 Ortigas Avenue, Mandaluyong City

### APPLICATION FOR ADMISSION

**GRADE LEVEL APPLIED FOR:** \_\_\_\_\_

All information disclosed is considered confidential.

Attach recent 2 x 2 photograph  
(with white background)

#### I. APPLICANT'S INFORMATION

**LEGAL NAME:** \_\_\_\_\_  
(Name on Birth Certificate)      LAST      GIVEN NAME/S      MIDDLE

**HOME ADDRESS:** \_\_\_\_\_  
House/Lot/Block/Building Number      Street

Subdivision/Village      Barangay      City      Country

**CONTACT DETAILS:** \_\_\_\_\_  
Mobile Number      Residence      E-mail address

**DATE OF BIRTH:** \_\_\_\_\_      **AGE:** \_\_\_\_\_      **PLACE OF BIRTH:** \_\_\_\_\_  
MM / DD / YYYY

**CITIZENSHIP:** \_\_\_\_\_      **RELIGION:** \_\_\_\_\_

#### II. SCHOLASTIC BACKGROUND

- A. List (in order) the grade level, school and school year for each year that the applicant has attended school. This must be a **COMPLETE** listing of schools where the applicant was enrolled.

NAME OF SCHOOL / LOCATION [Local: City or Province] [International: Country]	GRADE LEVEL	SCHOOL YEAR
<b>PRESCHOOL (Nursery, Kindergarten)</b>		
<b>GRADE SCHOOL</b>		
	1	
	2	
	3	
	4	
	5	
	6	
<b>JUNIOR HIGH SCHOOL</b>		
	7	
	8	
	9	
	10	

B. Did the applicant undergo or is he undergoing any type of cognitive, behavioral or physical intervention (i.e. speech therapy, occupational therapy, applied behavior analysis, etc.)?  YES \*  NO

\* **NOTE:** Kindly submit 1. **Recommendation letter from the Developmental Pediatrician** stating that the applicant be included in a regular school **and** 2. **Recent (not later than 1 year) assessment report** of the applicant. If unavailable, the concerned party should schedule an appointment with their Developmental Pediatrician and submit the report on or before enrolment.

### III. FAMILY BACKGROUND

Father's Name: \_\_\_\_\_  
Contact Number/s: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Highest Educational Background: (check one)  
 Grade School  High School  
 College  Graduate/Post Graduate  
Name of School: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Contact Number/s: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Highest Educational Background: (check one)  
 Grade School  High School  
 College  Graduate/Post Graduate  
Name of School: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Name/s of brother/s studying at La Salle Green Hills

Grade Level

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. FOR FOREIGN STUDENTS ONLY

ACR Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Status of Admission (Please check.)

Permanent Resident

Temporary Visitor

Student Visa

ASA Student

Pre-Arranged Dependent of Employee

Others or Special Cases

Dependent of Member of Diplomatic Corps

I certify that all information supplied in this application is complete and accurate. Misrepresentation of information requested for in this application will be considered sufficient reason for refusal of admission.

\_\_\_\_\_  
NAME & SIGNATURE OF PERSON FILLING OUT THIS FORM

\_\_\_\_\_  
RELATIONSHIP TO APPLICANT

\_\_\_\_\_  
DATE