



LA SALLE GREEN HILLS  
HIGH SCHOOL DEPARTMENT  
Ortigas Avenue, Mandaluyong City

All information disclosed  
is considered confidential.

**Application for Admission**

Attach recent  
2 x 2  
photograph  
here

(with white background)

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

**(For Senior High School) Please check preferred strand of the Academic Track.**

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

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

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

**A. APPLICANT'S INFORMATION**

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

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

Subdivision/ Village      Barangay      City      Country

CONTACT DETAILS: \_\_\_\_\_  
Mobile No.      Residence      E-mail

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
mm / dd / yyyy

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

**B. SCHOLASTIC BACKGROUND**

- List in order the grade level, school and school year for each year that you have attended school. This must be a **COMPLETE** listing of schools in which you have enrolled.

	Name of School	Location	Grade Level	School Year
<b>KINDERGARTEN</b>				
1.				
<b>ELEMENTARY SCHOOL</b>				
1.				
2.				
3.				
4.				
5.				
6.				
<b>JUNIOR HIGH SCHOOL</b>				
7.				
8.				
9.				
10.				

2. Did you undergo or are you undergoing any type of cognitive, behavioral or physical intervention (i.e. speech therapy, occupational therapy, applied behavior analysis, etc.)?  Yes  No

If yes, kindly submit the following:

- Recommendation letter of Developmental Pediatrician, Clinical Psychologist and/ or Psychiatrist for pupil/ student to be included in the regular school
- Recent or not later than one year pupil/ student's assessment report. If unavailable, the concerned party should schedule an appointment with any of the above mentioned physicians and submit the results on or before the enrollment.

**C. FAMILY BACKGROUND**

Father's Name: \_\_\_\_\_  
 Contact Number/s: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Educational Background:  
 Elementary: \_\_\_\_\_  
 High School: \_\_\_\_\_  
 College: \_\_\_\_\_  
 Graduate/ Post Graduate: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer/ Business Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
 Contact Number/s: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Educational Background:  
 Elementary: \_\_\_\_\_  
 High School: \_\_\_\_\_  
 College: \_\_\_\_\_  
 Graduate/ Post Graduate: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer/ Business Name: \_\_\_\_\_

Names of brother/s studying at La Salle Green Hills

Grade/Level

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

**D. FOR FOREIGN STUDENTS ONLY**

ACR Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expired: \_\_\_\_\_

Status of Admission (Please check)

- [ ] Permanent Resident
- [ ] Temporary Visitor
- [ ] Student Visa [ ] ASA Student
- [ ] Pre-Arranged Employee of Dependent [ ] Others or Special Cases
- [ ] Member of Diplomatic Corps or Dependent

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

\_\_\_\_\_  
 Name & Signature of Person Filling Out this Form

\_\_\_\_\_  
 Relationship to the Applicant: