



# De La Salle Araneta University

Victoneta Avenue, Potrero, Malabon City, Philippines 1475  
Trunkline: 330.9128 to 30 Local 133 | Direct Line: 362.7588  
admissions@dlsau.edu.ph | www.dlsau.edu.ph

### Application is made as a:

New  International Student

Transferee  Others: \_\_\_\_\_

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

2x2  
Colored Picture  
(White background and taken in the last 3 months)

## GRADE SCHOOL - APPLICATION FORM

Submit this form together with all admission requirements for your entrance examination permit and schedule. Only Complete application will be processed. **Please PRINT or TYPE YOUR ANSWERS.**

<b>Surname:</b>
<b>First Name:</b>
<b>Middle Name:</b>

Date Submitted:
Application Number (to be assigned by Admissions):
ID Number (to be assigned once enrolled):
Family Code (to be assigned once enrolled):

### PERSONAL INFORMATION

<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Living Arrangement</b> At Home: <input type="checkbox"/> Both Parents <input type="checkbox"/> One Parent
<b>Civil Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others: _____	Away from Home: <input type="checkbox"/> Relatives <input type="checkbox"/> Apartment/Dormitory/Condo
<b>Citizenship:</b> _____	Landline / Mobile Number: _____ Email Address: _____

Birth Date : \_\_\_\_\_ Birth Place: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Religion: \_\_\_\_\_

<b>Permanent Address:</b>	House No. / Street / Building / Barangay	City	Province	Country	Zip Code
<b>Present Address:</b>	House No. / Street / Building / Barangay	City	Province	Country	Zip Code

### ENTRY INFORMATION (Indicate the GRADE LEVEL you plan to enroll in DLSAU)

### DOCUMENTS SUBMITTED (DO NOT FILL THIS AREA)

<input type="checkbox"/> No <input type="checkbox"/> Yes Are you applying for a scholarship? If Yes: <input type="checkbox"/> DLSAU <input type="checkbox"/> OTHERS (Please specify: _____) <i>Scholarship are processed by the Scholarship Office.</i>	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Report Card (F138)
	<input type="checkbox"/> Good Moral Character	<input type="checkbox"/> Letter of Recommendation
	<input type="checkbox"/> Honorable Dismissal	<input type="checkbox"/> PEPT
	<input type="checkbox"/> Report Card (F138)	<input type="checkbox"/> Form 137
	<b>International Students:</b>	
	<input type="checkbox"/> Valid Visa (Copy)	<input type="checkbox"/> I Card (Copy)
	<input type="checkbox"/> Passport (Copy)	

FOR INTERNATIONAL STUDENT APPLICANT	PLACE OF ISSUE	DATE ISSUED	EXPIRATION DATE
VISA STATUS/TYPE :			
PASSPORT NO. :			
ACR NO. :			
CRTS NO. (Certificate of Residence for Temporary Student) :			
SSP NO. (Special Study Permit) :			

How did you learn about our school? Kindly check all that apply:

Student  Alumni  Faculty/Employee  Exhibit  Career Talk  Print Ads  Flyer  website  Referral  Others: \_\_\_\_\_

### EDUCATIONAL BACKGROUND

GRADE SCHOOL	NAME OF SCHOOL	SCHOOL ADDRESS	SCHOOL YEAR ATTENDED
GRADE 1			
GRADE 2			
GRADE 3			
GRADE 4			
GRADE 5			
GRADE 6			

**LIST OF HONORS AND AWARDS RECEIVED**

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**LIST OF MEMBERSHIP IN ON/OFF CAMPUS ORGANIZATION**

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FAMILY BACKGROUND	FATHER	MOTHER
NAME		
HOME ADDRESS		
EMAIL ADDRESS		
OCCUPATION		
TELEPHONE / MOBILE NUMBER		
EMPLOYER (Company Name)		
TYPE OF EMPLOYMENT	<input type="checkbox"/> Local <input type="checkbox"/> Abroad	<input type="checkbox"/> Local <input type="checkbox"/> Abroad
COMPANY ADDRESS		
TELEPHONE NUMBER		
HIGHEST EDUCATIONAL ATTAINMENT		
LAST SCHOOL ATTENDED		
GRADUATE OF GAUF/DLSAU?	<input type="checkbox"/> YES <input type="checkbox"/> NO    Yr. of Graduation _____	<input type="checkbox"/> YES <input type="checkbox"/> NO    Yr. of Graduation _____
CIVIL AND MARITAL STATUS	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced/Annulled <input type="checkbox"/> Deceased <input type="checkbox"/> Cohabitation <input type="checkbox"/> Single parent (not married)	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced/Annulled <input type="checkbox"/> Deceased <input type="checkbox"/> Cohabitation <input type="checkbox"/> Single parent (not married)
BIRTHDAY and AGE		
NATIONALITY		
CITIZENSHIP		

**SIBLINGS INFORMATION (Please list down your siblings from eldest to youngest.)**

NAME	GENDER	AGE	CIVIL STATUS	SCHOOL / COMPANY	YR.LEVEL/YR.GRADUATE/OCCUPATION

**APPROXIMATE GROSS ANNUAL INCOME THE FAMILY (Please check one)**

Below 100,000.00     300,001.00 - 400,000.00  
 100,001.00 - 200,000.00     400,001.00 - 500,000.00  
 200,001.00 - 300,000.00     Above 500,000.00

**Guardian Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Religion: \_\_\_\_\_ Age: \_\_\_\_\_ Contact No. \_\_\_\_\_  
 Address: \_\_\_\_\_

**CURRENT HEALTH CONDITION**

How would you rate your current health?     Excellent     Good     Fair     Poor  
 Are you presently under a medical doctor's care?     Yes     No  
 If yes, name of conditions being treated \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_  
 \_\_\_\_\_ Clinic Telephone No.: \_\_\_\_\_

Have you ever been diagnosed by a mental health professional with the following conditions:

ADHD/ADD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Depression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Eating disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Autism/Asperger	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Learning Disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Addiction (please specify) _____		Date: _____
Others, please specify _____		Date: _____

Has any of your immediate family been diagnosed with the above conditions?     Yes     No    Please specify: \_\_\_\_\_  
 Have you ever been treated for Psychological reasons?     Yes     No    Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Have you ever tried inflicting harm to yourself?     Yes     No    Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Have you ever entertained thoughts of committing suicide?     Yes     No    Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Have you ever seriously considered or attempted suicide?     Yes     No    Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 How would you rate your current level of stress?     Low     Moderate     High     Very High

**DEPARTMENT AND APPLICATION DISCLOSURE**

Is this your first time to apply at DLSAU?  Yes  No (State date of previous application: \_\_\_\_\_)

Please indicate/state your previous application status: \_\_\_\_\_

Where you ever dismissed, suspended or placed on disciplinary probation?  Yes  No

If Yes, please give details (dates, offenses, penalties): \_\_\_\_\_

De La Salle Araneta University aims to provide equal educational opportunities for applicants with special education needs. The final acceptance or non-acceptance of applicants are based on the merits of their application and the ability of the College to provide service for their conditions.

Do you have physical disability (e.g. heart condition, visual/hearing impairment, etc.), special learning needs (e.g. dyslexia, ADHD, ASD, etc.), or psychological/emotional condition that may affect your schooling at DLSAU?

NO  YES, please specify: \_\_\_\_\_  
(Submit updated Developmental History Form dated within the last six months.)

**AUTHORIZATION**

I have carefully read the contents of this application form. I hereby certify that the information given herein is true and correct. Falsification, misrepresentation, or withholding of information, or withholding of information requested in this form will automatically nullify my application.

This also authorizes any school I have previously attended to release any information/records requested by De La Salle Araneta University in relation to this application. The University may use such information in the processing of this application.

\_\_\_\_\_  
Printed Name and Signature  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Signature  
Parent/Guardian

\_\_\_\_\_  
Date

**AO-GAF-2017**