



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.**

Surname:
First Name:
Middle Name:

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

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

Birth Date : _____ Birth Place: _____ Age: _____ Height: _____ Weight: _____

Permanent Address: _____
House No. / Street / Building / Barangay City Province Country Zip Code

Present Address: _____
House No. / Street / Building / Barangay City Province Country Zip Code

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

DOCUMENTS SUBMITTED (DO NOT FILL THIS AREA)

<input type="checkbox"/> Birth Certificate	International Students:
<input type="checkbox"/> Good Moral Character	<input type="checkbox"/> I Card (Copy)
<input type="checkbox"/> Report Card	<input type="checkbox"/> Valid Visa (Copy)
<input type="checkbox"/> Recommendation Form	<input type="checkbox"/> Passport (Copy)

FOR INTERNATIONAL STUDENT APPLICANT

VISA STATUS/TYPE	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 (Please indicate the last school attended)

LEVEL	NAME OF SCHOOL	SCHOOL ADDRESS	SCHOOL YEAR ATTENDED

LIST OF HONORS AND AWARDS RECEIVED

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) <input type="checkbox"/> Below 100,000.00 <input type="checkbox"/> 300,001.00 - 400,000.00 <input type="checkbox"/> 100,001.00 - 200,000.00 <input type="checkbox"/> 400,001.00 - 500,000.00 <input type="checkbox"/> 200,001.00 - 300,000.00 <input type="checkbox"/> Above 500,000.00	Guardian Information Name: _____ Relationship: _____ Religion: _____ Age: _____ Contact No. _____ Address: _____
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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