

## Colegio de las Hijas de Jesus, Inc.

Ledesma Street, Iloilo City Tel. No. 337-25-20 School Year 20\_\_ - 20\_\_ Attach 1 x 1

## **PUPIL / STUDENT APPLICATION FORM**

Name: Family Name	First Name	Middle Name	
Address:	Tel/Cel No:		
Date of Birth:	Place of Birth:		
Age: Sex:	Nationality:	Religion:	
Last School Attended:			
Address (School)			
Father's Name:	Tel / C	Cel No:	
Mother's Name:	Tel / 0	Tel / Cel No:	
Guardian's Name:	Tel / 0	Tel / Cel No:	
Address:			
Applicant's Signature Over Printed N	ame Parent's / Guardian's Signature Over Printed Name		
REQUIREMENTS SUBMITTED (pleas	se check)		
and Guidance Counse 7. Certificate of Good Moral Cl	tificate (NSO) rtificate 2 <sup>nd</sup> or 3 <sup>rd</sup> Grading Period)	ed up by the Teacher Adviser	
FOR FOREIGN APPLICANT:			
<ul><li>8. Passport, study permit or SI</li><li>9. Transcript of Records from the</li></ul>			