

Applicant No					
TO BE FILLED OUT ONLY BY THE ADMISSIONS PERSONNEL					
Receipt #: Documents submitted: (3) PSA Birth Certificate (2) Baptismal Certificate (4) 1x1 Pictures Chinese Name		paste recent 1x1 picture			
Others: Exam/Interview Schedule Date: Time:					
Application processed by: Name:	Date:				

Student's Information

Last Name	First Name	· · · · · · · · · · · · · · · · · · ·	Middle Name	Chinese Name
Last Name	Flist Name			
Gender		Age by JULY	Eldest in SJCS	
Date of Birth		Place of Birth		
Citizenship		Religion		
Date of Baptism		Church		
Home Address				
Home Phone Number/s				
Age Started Schooling				
School/s Attend	led & Address		Level	School Year
Family Background				
	Father		Moth	her
English Name				
Chinese Name				
Date of Birth				
Place of Birth				
Citizenship				
Religion				
Elementary School				
High School				
College/University				
Course				
Graduate School				
Graduate Program				
Company/Business Name				
Position/Title				
Company/Business Address				
Office Phone Number/s				
Mobile Number/s				
Email Address				
SJCS Alumnus? Batch?				
Parents' Date of Marriage		Place of	Marriage	
Guardian's Name		F	Relation	
Home Address				
Home Phone Number/s		Mobile Nu	imber/s	
Office Phone Number/s		Email Ad	ldress	
Brothers and sisters (list down from eld	est to youngest including the applica	ant)		
Name	Birthday (MM-DD-YY)	Sch	ool/Company	Yr. Level & Sec./Positio

Languages spoken at home

We hereby certify that all the information given herein is correct as to the best of our knowledge and belief.