

Ateneo de Zamboanga Iniversity APPLICATION FOR SENIOR HIGH SCHOOL ADMISSION

1 x 1 PICTURE

School Year 2019-2020

Fill out this form carefully and **PRINT** or **TYPE** all information requested. Only Application Forms correctly and completely filled out will be accepted. **INCOMPLETE FORMS WILL NOT BE PROCESSED**.

. NAME	Last	First	Middle	Nickname Nickname			
. CITY ADDRESS			Bara				
_	City/Town Province			No. /Mobile No.			
DDOWINGIAL ADD	·			NO. /NIODHE INO.			
ou are from the prov	ince, please write the na	me of your relative living	ng in Zamboanga City and his /	her Zamboanga City Addre			
			Relation Telephone				
			Relative's House				
irent Living Condition	Boarding House	Others: Please s	pecify				
sons living with:							
FATHER'S NAME			Living? Yes	() No ()			
lf college graduate, f	rom what school?		Year Degree				
MOTHER'S NAME			Living? Yes	() No ()			
If college graduate, f	from what school?		Year				
				npany			
Parents: Living	g Together	parated Widov	ved				
SPOUSE'S NAME (If married)		Occupation _				
Family Structure:	□ Nuclear □ Ex	tended					
Guardian (If any)			Occupation _				
DATE OF APPLICA	ANT'S BIRTH	Age	e Place of Birth	·			
CITIZENSHIP		Religion	Sex	Civil Status			
Are you an Internation			gin)				
ETHNIC AFFILIAT	TON: () Visayan ()) Samal () Zamboang	ueño () Yakan () Tausu	g () Others:			
LANGUAGES / DIA	ALECTS SPOKEN:						
			Section (Name, Lette				
		NAL ATTAINMENT.		,			
Name	Name of High School		Name of College	Grade/Year/Course			
			Name of Conege	Grade/Teal/Course			
c							
		your children – eldest to					
Name			Grade or Year Level	School			
		Age					
b							

Gride	Elementary	Type	Address				
Junior High School Type Address Year to Year 20 to 20 Year to Year 20 to 20 Year to Year 20 to 20 1. Name of the PRINCIPAL or DIRECTOR and GUIDANCE COUNSELOR of your present junior high school: Principal Guidance Counselor 2. Are you a candidate for Top 17 Top 27 Other honors (specify) 3. Did you fail in any subject(s) in junior high school? Give subject(s), date(s) and reason(s) 4. Did you ever repeat a year in junior high school? If so, which year? 5. Were you ever dismissed, suspended, or placed on probation by your junior high school? Dates, Offenes, Penalties 6. PHYSICAL and / or LEARNING DISABILITIES: Theight Weight 8. Person to contact in case of emergency: Name: Complete Address: Contact Numbers Contact Numbers Contact Numbers Pince of Employment: 9. PROGRAMS OF STUDY, Check (s) the program you wish to follow. Indicate a second choice by placing the number 2 before the name of the program. ACADEMIC TRACK Accountancy, Business and Management (ABM) Strand Humanities and Social Science (HUMSS) Strand Science, Technology, Engineering and Mathematics (STEM) Strand Accountancy, Business and Management (ABM) Strand TECHNICAL-VOCATIONAL-LIVELHHOOD TRACK Information, Communication, and Technology (ICT) Strand Animation 10. EDUCATION AND CAREER PLANS. 30d (dol) your faither or mother, or other members in your family help you in making your educational plans? Please check Yes () No () 30d Technology, Engineering and Mathematics (STEM) Strand Immirely supported by family Financial Support in School High School: Immirely supported by family Financial Support in School High School: Immirely Plantine Work outside ADZU Others: Principal reason for selecting Attenee de Zamboanga University. PRIVACY CONSENT PRIVACY CONSENT Principal reason for selecting Attenee de Zamboanga University. PRIVACY CONSENT PRIVACY CONSENT Principal reason for selecting Attenee de Zamboanga University. PRIVACY CONSENT PRIVACY CONSENT PRIVACY CONSENT PRIVACY CONSENT PRIVACY CON				Grade	to Grade	20_	to 20
Year to Year 20 to 20 10 20 11. Name of the PRINCIPAL or DIRECTOR and GUIDANCE COUNSELOR of your present junior high school: Principal				Grade	to Grade	20_	to 20
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Principal							
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5. Were you ever dismissed, suspended, or placed on probation by your junior high school?	13. Did you fail in any s	ubject(s) in junior high	n school? Give subject(s)	, date(s) and reason(s)	1		
Dates, Offenses, Penalties 6. PHYSICAL and / or LEARNING DISABILITIES: 7. Height Weight	14. Did you ever repeat	a year in junior high so	chool? If so, which year?				
8. Person to contact in case of emergency: Name: Relationship: Relationship:							
8. Person to contact in case of emergency: Name: Complete Address: Contact Numbers: Residence: Place of Employment: 9. PROGRAMS OF STUDY. Check (*) the program you wish to follow. Indicate a second choice by placing the number 2 before the name of the program. Also, make a 3rd choice by placing the number 3 before the name of the program. ACADEMIC TRACK Accountancy, Business and Management (ABM) Strand Humanities and Social Science (HUMSS) Strand Science, Technology, Engineering and Mathematics (STEM) Strand TECHNICAL-VOCATIONAL-LIVELIHOOD TRACK Information, Communication, and Technology (ICT) Strand Animation 20. EDUCATION AND CAREER PLANS. 30id (do) your father or mother, or other members in your family help you in making your educational plans? Please check Yes () No () 30id your parents make them first and discussed them with you? Please check Yes () No () 30id your parents make them first and discussed them with you? Please check Yes () No () 30id your parents make them first and discussed them with you? Please check Yes () No () 30id your parents make them first and discussed them with you? Please check Yes () No () 30id your parents make them first and discussed them with you? Please check Yes () No () 30id your parents make them first and discussed dem with your? Please check Yes () No () 30id your parents make them first and discussed dem with your? Please check Yes () No () 30id your parents make them first and discussed dem with your? Please check Yes () No () 30id your parents make them first and discussed dem with your? Please check Yes () No () 30id your parents? Please check Yes () No () 30id your parents? Please check Yes () No () 30id your parents? Please check Yes () No () 30id your parents? Please check Yes () No () 30id your parents? Please check Yes () No () 30id your parents? Please check Yes () No () 30id your parents? Please check Yes () No () 30id your parents? Please check Yes () No () 30id your parents? Please check Yes () No	16. PHYSICAL and / or	LEARNING DISABI	LITIES:				
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With whom else have you discussed your plans?	Did (do) your father or m If yes, who specifically? In making your education	nother, or other member nal plans did you make	e them first and then discu	ussed with your parent	_		
Entirely supported by family Scholarship: Type Full Time / Part time Work outside ADZU Others: Principal reason for selecting Ateneo de Zamboanga University: I agree if accepted as a student the student of the Ateneo de Zamboanga University. PRIVACY CONSENT PRIVACY CONSENT We understand that by providing our personal data, I/we are agreeing to the Data Privacy Policy of the Ateneo de Zamboanga University Senior High School Admissions and Aid Office for the purpose of evaluation and admission into the SHS program. Student's Signature over Printed Name: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Dat							
Principal reason for selecting Ateneo de Zamboanga University:	☐Entirely supp	oorted by family	Scholarsh	ip: Type			
/We hereby certify that all the information written in this application is complete and accurate. I agree if accepted as a student the rule and regulations of the Ateneo de Zamboanga University. PRIVACY CONSENT /We understand that by providing our personal data, I/we are agreeing to the Data Privacy Policy of the Ateneo de Zamboang University Senior High School Admissions and Aid Office for the purpose of evaluation and admission into the SHS program. Student's Signature over Printed Name:							
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