



Ateneo de Zamboanga University

APPLICATION FOR SENIOR HIGH SCHOOL ADMISSION

1 x 1
PICTURE

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.**

1. NAME _____
Last First Middle Nickname

2. CITY ADDRESS _____
House No. Street Barangay City

Province Tel No./Mobile No. Email Address

PROVINCIAL ADDRESS: _____

3. DATE OF APPLICANT'S BIRTH _____ Age ____ Sex ____ Place of Birth _____ Religion _____

4. CITIZENSHIP _____ Are you an International Student? () No () Yes, from (place of origin) _____

5. FATHER'S NAME _____ Contact Number: _____

MOTHER'S NAME _____ Contact Number: _____

GUARDIAN (If any) _____ Relationship: _____
Contact Number: _____

6. Do you belong to any INDIGENOUS PEOPLES (IP) Community? () Yes, Pls. specify: _____ () No
(Ex.: B'laan, Bukidnon, Higaonon, Mamanwa, Mandaya, Manobo, Mansaka, Sangir, Subanen, Tagabawa, Tagakaulo, Tasaday, Tiboli)

7. PRESENT JUNIOR HIGH SCHOOL _____

8. Person to contact in case of emergency:

Name: _____ Relationship: _____

Complete Address: _____

Contact Numbers: Residence: _____ Office : _____ Mobile Phone: _____

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.

TRACK _____

PRIVACY CONSENT

I/We hereby certify that all the information written in this application is complete and accurate to the best of my knowledge. All information provided are confidential and shall not be copied, shared, distributed, and used for any other purposes unless stated by the applicant, parent/s or legal guardian whose name is indicated herein and/or required by the law.

Student's Signature over Printed Name: _____ Date: _____

Parent's/Guardian Signature over Printed Name: _____ Date: _____