

COLLEGE OF THE HOLY SPIRIT MANILA

GUIDANCE AND ADMISSION CENTER 163 E. Mendiola, Malacañang Complex Manila, 1005 Philippines Tel. No. 735-6021

Recent

2 x 2

Photo of Applicant

		PERSON	AL DATA								
Name:											
Last		First	Middle	Nickname							
City Address:			Contact No.								
Provincial Address:			Mobile No.								
Date of Birth:/ Ag	ge:	Place of Birt	:h:Email A	Address:							
Citizenship: Re	ligion:	Sex	: Male Female Civi	il Status: Single Married							
FAMILY BACKGROUND											
Father:			Mother:								
Living: Yes No No			Living: Yes	No 🗌							
Educational Attainment:			Educational Attainment	t:							
Email Adress:	mail Adress: Email Address:										
Contact Number:	Email Address: Contact Number:										
Mobile Number:		Mobile Number:									
Occupation:											
Name and Address of Company:	e and Address of Company: Name and Address of Company:										
Please Check approximate monthly income: Please Check approximate monthly income:											
Below – 9,999 10,000	•		• •	10,000 – 19,999							
20,000 – 29,999 30,000	_										
40,000 – 49,999	-		☐ 40,000 – 49,999 ☐ 50,000 – 39,999								
	710076		10,000 13,333								
Do you live with both of your parent: Yes No No If not, please explain:											
Guardian:			Relation to Applicant:								
Address:			Contact number:								
Email Address:			Mobile Number:								
Educational Support: Pa	rents										
☐ Se	lf: Em	ployer	Address:								
Scholarship:											
Ot	hers, plea	ase Specify:									
Brothers / Sisters:											
NAME	AGE	SCHOOL	EDUCATIONAL ATTAIR	NMENT OCCUPATION							
1.											
2.											
3.											
4. 5.											

Attach any sheet if necessary

EDUCATIONAL ATTAINMENT

GRADE SCHOOL HIGH SCHOOL HIGH SCHOOL HIGH SCHOOL HIGH SCHOOL HIGH SCHOOL COLLEGIATE LEVEL COLLEGE/UNIVERSITY COLLEGE/UNIVERSITY PROGRAM ATTENDANCE List your extra-curricular activities, including offices held, special responsibilities and year level. EXTRA CURRICULAR YEAR LEVEL TASK What made you decide to study at the College of the Holy Spirit Manila? Where do you plan to reside while studying at CHSM? Any common handicap, ailment or problem which might affect you studies? Do you have any relatives who are enrolled or are alumni of CHSM? Please indicate names and relationship. NAME RELATIONSHIP STATUS (pls. indicate year of graduation) 1. 2. 3. COURSE PREFERENCE List down your course preference for the coming school year: (1) (2) Whose choice is this? VERIFICATION I hereby certify that all information given herein is accurate and complete. Falsification of any information in this form will automatically nullify my application to the College. Applicant's Name and Signature Parent's or Guardian's Name and Signature	LEVEL	NAME AND ADDRESS OF COLLEGE/UNIVERSITY		INCLUSIVE DATES OF ATTENDANCE		HONORS RECEIVED		FAILURES INCURED
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Applicant's Name and Signature Parent's or Guardian's Name and Signature	I hereby	certify that all infor	mation given	herein is	accurate and comp	lete. Falsifi	cation of	any information in
	this form will auton	natically nullify my a	pplication to	the Colle	ge.			
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DAP	Applicant's Name and Signature			Date	Parent's	or Guardia	an's Nam	e and Signature