



EMILIO AGUINALDO COLLEGE

1113-1117 San Marcelino St., Paco, Manila 1007, Philippines www.eac.edu.ph (02) 8521-2710

VIRTUE ♦ EXCELLENCE ♦ SERVICE

QF-ASR-027 Rev. 01



High School Application Form

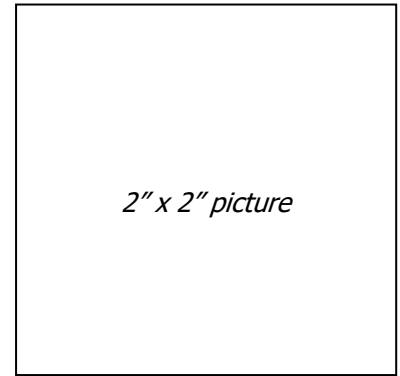
Please fill out/tick appropriate boxes for information required. Indicate "N.A." if information is not applicable.

Application for:

JHS Level: Grade 7 Grade 8 Grade 9 Grade 10

SHS Level: Grade 11 Grade 12

- Academic Track:
 - ABM (Accounting, Business and Management)
 - HumSS (Humanities and Social Sciences)
 - STEM (Science, Tech., Engineering and Math)
- Technical-Vocational-Livelihood (TVL) Track:
 - Programming
 - Food and Beverage Services NC II/ Housekeeping NC II
 - Housekeeping NC II
- Sports Track



School Year: _____

I. PERSONAL INFORMATION

LRN: _____

Last Name:	First Name:	Middle Name:	
Gender:	Religion:	Nationality:	
Date of Birth:	Place of Birth:	Age:	Civil Status:
House/Unit No., Street, Barangay:			
City/Municipality:	Province:	Zip code:	
Landline No:	Mobile No:	Email:	

II. EDUCATIONAL BACKGROUND

School Name and Address	Year graduated/last attended
Elementary:	
Junior High School:	
Senior High School:	

III. PARENTS' INFORMATION

	Father	Mother
Parent's Name:		
Home Address:		
Occupation:		
Company Name and Address		
Contact No.		

Fill this out if you are staying only with your guardian and not with your parents.

Guardian's Name:	Age:	Occupation:
Home Address:		
Tel. No:	Mobile No:	Email:

IV. Privacy Policy and Declarations (for parent/guardian of the applicant)

By ticking/checking the box below for "I agree" and submitting this form to the EAC Admissions Office, I voluntarily agree to the Emilio Aguinaldo College (EAC) Privacy Policy (<https://eac.edu.ph/privacy-policy/>) and declare that:

- I am of legal age;
- I am the parent/ guardian of the applicant;
- All the information I have provided in this form are true and correct;
- I understand that withholding of information or giving of false information may nullify the application for admission of my child or may jeopardize his/her continued stay after admission has been granted to him/her;
- I am giving my consent to the collection, use, processing, recording, storage, blocking, destruction, and disclosure of the information I have provided for legitimate purposes in order to administer and evaluate the eligibility of my child's application for admission at EAC.

I agree

Name of Student: _____

Name of Parent/Guardian: _____

Date Accomplished: _____

