



**St. Paul College of Parañaque**  
 PAASCU Accredited Level III  
 Guidance Center

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**APPLICATION FORM FOR REGISTRATION**  
*(Senior High School)*

**Please fill out the following information**

Eligible for admission to \_\_\_\_\_  New  Returnee  Foreigner

NAME \_\_\_\_\_

*SURNAME*
*FIRST NAME*
*MIDDLE NAME*

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Religion \_\_\_\_\_ Citizenship \_\_\_\_\_

School last attended \_\_\_\_\_ AY \_\_\_\_\_

Address of the School \_\_\_\_\_

Father's Name _____	Religion _____
Educational Attainment _____	Occupation _____
Telephone No./ Cellphone No. _____	Employer/Office _____
Mother's Name _____	Religion _____
Educational Attainment _____	Occupation _____
Telephone No./ Cellphone No. _____	Employer/Office _____
Guardian's Name _____	Relation to child _____
Address of Guardian _____	
Telephone Number(s) _____	

**Preferred Strand:**

**ACADEMIC TRACK**

- Science, Technology, Engineering and Mathematics (STEM)     
  Humanities and Social Studies (HUMSS)
- Accountancy, Business and Management (ABM)

*By my signature below, I hereby give my full consent to, and authorize the Admission Committee of St. Paul College of Parañaque to collect, use, and process the personal data (personal information, academic history, family background) of my child for the sole purpose of assessing and evaluating his/her application for admission. The above data are true and correct.*

\_\_\_\_\_ Signature of Parent/ Guardian over Printed Name \_\_\_\_\_ Date

\*\*\* DO NOT WRITE BELOW THIS LINE \*\*\*

*Remarks:*

\_\_\_\_\_

\_\_\_\_\_

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Form received by: _____ Date: _____ Time: _____	Testing fee: _____ OR #: _____ Testing schedule: _____ Permit No: _____
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\_\_\_\_\_  
*Psychometrician's Signature*