



ILOILO DOCTORS' COLLEGE
 WEST AVENUE, MOLO ILOILO CITY
 OFFICE OF ADMISSION: FAX/TEL. NO. (033) 337-00-34

PASTE/STAPLE

 2x2 SIZE COLORED
 PICTURE

APPLICATION FOR ADMISSION
SENIOR HIGH SCHOOL REGISTRATION FORM

_____ SEMESTER, SCHOOL YEAR _____

PRINT OR TYPE ALL INFORMATION AND ATTACH TWO 2X2 PHOTOGRAPH AS INDICATED ABOVE. SUBMIT THIS FORM TOGETHER WITH THE OTHER REQUIREMENTS TO THE ILOILO DOCTORS' COLLEGE ADMISSIONS OFFICE. **KINDLY CHECK (✓) THE APPROPRIATE BOX.**

PERSONAL DATA

1. NAME OF STUDENT: PRINT OR TYPE YOUR FULL NAME IN THE FOLLOWING SEQUENCES: LAST, FIRST, MIDDLE

PLACE ONE LETTER IN EACH BOX. LEAVE ONE BOX BLANK BETWEEN NAMES.

LAST																				
FIRST																				
MIDDLE																				

2. GENDER

MALE FEMALE

3. DATE OF BIRTH (Mo, Day, Yr)

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4. PLACE OF BIRTH (CITY, TOWN OR PROVINCE)

5. NATIONALITY

6. ELEMENTARY SCHOOL (WHERE YOU COMPLETED ELEMENTARY EDUCATION/ GRADE 6)

ELEMENTARY SCHOOL NAME (DO NOT ABBREVIATE)
ADDRESS (CITY, TOWN OR PROVINCE)

MONTH/YEAR OF COMPLETION
REGION

ARE YOU A PASSER OF PHILIPPINE EDUCATIONAL PLACEMENT TEST (PEPT) FOR ELEMENTARY LEVEL?

NO YES

ARE YOU A PASSER OF ACCREDITATION AND EQUIVALENCY (A&E) TEST FOR ELEMENTARY LEVEL?

NO YES

ADDRESS (CITY, TOWN OR PROVINCE)

7. JUNIOR HIGH SCHOOL (JHS) (WHERE YOU COMPLETED/ARE COMPLETING JHS/ GRADE 10)

JHS NAME (DO NOT ABBREVIATE)
ADDRESS (CITY, TOWN OR PROVINCE)

MONTH/YEAR OF COMPLETION
REGION

ARE YOU A PASSER OF PHILIPPINE EDUCATIONAL PLACEMENT TEST (PEPT) FOR JHS LEVEL?

NO YES

ARE YOU A PASSER OF ACCREDITATION AND EQUIVALENCY (A&E) TEST FOR JHS LEVEL?

NO YES

ADDRESS (CITY, TOWN OR PROVINCE)

8. SENIOR HIGH SCHOOL

SENIOR HIGH SCHOOL

ACADEMIC	TECHNICAL-VOCATIONAL-LIVELIHOOD
<input type="checkbox"/> GENERAL ACADEMIC (GA) <input type="checkbox"/> ACCOUNTANCY, BUSINESS AND MANAGEMENT (ABM) <input type="checkbox"/> SCIENCE, TECHNOLOGY, ENGINEERING & MATHEMATICS (STEM) <input type="checkbox"/> HUMANITIES & SOCIAL SCIENCES (HUMSS)	HOME ECONOMICS (HE): <input type="checkbox"/> WELLNESS MASSAGE <input type="checkbox"/> CAREGIVING <input type="checkbox"/> _____ INFORMATION & COMMUNICATIONS TECHNOLOGY (ICT): <input type="checkbox"/> COMPUTER HARDWARE SERVICING <input type="checkbox"/> ANIMATION <input type="checkbox"/> _____

FATHER'S INFORMATION

LAST NAME: _____
FIRST NAME: _____
MIDDLE NAME: _____
OCCUPATION/EMPLOYMENT: _____
EDUCATIONAL ATTAINMENT: _____
ADDRESS: _____
TEL. NO.: _____

MOTHER'S INFORMATION

LAST NAME: _____
FIRST NAME: _____
MIDDLE NAME: _____
OCCUPATION/EMPLOYMENT: _____
EDUCATIONAL ATTAINMENT: _____
ADDRESS: _____
TEL. NO.: _____

I AFFIRM THAT:

1. I HAVE READ THE INFORMATION CONTAINED IN DEPED ORDER NO. _____, S. 2015 AND UNDERSTOOD ALL THE INSTRUCTIONS IN CONNECTION WITH MY REGISTRATION;
2. I HAVE BEEN MADE AWARE OF THE SHS TRACKS AND THE IMPORTANCE OF CHOOSING THE RIGHT CAREER PATH THROUGH THE CAREER GUIDANCE PROGRAM;
3. THE PREFERENCES SUPPLIED IN THIS SLIP ARE A RESULT OF A WELL-INFORMED DECISION MAKING AS DISCUSSED WITH MY PARENT(S)/GUARDIAN; AND
4. I WILL ABIDE BY THE DEPED RULES AND POLICIES IN RELATION TO THE SHS PROGRAM.

FURTHERMORE, I UNDERSTAND THAT ALL INFORMATION I PROVIDE IN THIS FORM MAY BE USED BY THE DEPARTMENT OF EDUCATION AND I CONSENT TO SUCH WITH THE ASSURANCE THAT MY PERSONAL DETAILS WILL BE KEPT CONFIDENTIAL.

SIGNATURE OVER PRINTED NAME OF THE STUDENT

SIGNATURE OVER PRINTED NAME OF THE PARENT/GUARDIAN

DATE

DATE

APPROVED FOR ENROLLMENT: **MR. FRANCIS D. LAUREA**
DIRECTOR FOR ADMISSION