



CANOSSA ACADEMY
Lipa City

Human Resource Center

Year Level _____ SY _____
RS SA [] []

HIGH SCHOOL APPLICATION FORM

<i>Family Name</i>	<i>First Name</i>	<i>Middle Name</i>

PERSONAL

Permanent Address _____ Tel # _____

Birthday _____ Birthplace _____ Age _____ Sex _____ Religion _____

Date & Place of Baptism _____

Date & Place of Communion _____

Date & Place of Confirmation _____

In case of EMERGENCY, Please notify _____

Address _____ Tel # _____

FAMILY

	FATHER	MOTHER	STEP PARENT
<i>Name</i>			
<i>Birthday</i>			
<i>Birthplace</i>			
<i>Religion</i>			
<i>Highest Educational Attainment</i>			
<i>Occupation</i>			

Names of Brothers & Sisters	Date of Birth	Education

Order of Children in the Family	1	2	3	4	5	6	7	8	9	10
Year of Birth										

(Indicate pupil's position with asterisk (). Encircle male)*

HOME DATA

AREA WHERE YOU GROW-UP	SOCIO-ECONOMIC LEVEL OF THE FAMILY'S BACKGROUND
Commercial	Very High
Residential	High
City	Average
Town	Low
Barrio	Very Low

EDUCATION

GRADE LEVEL	NAME OF SCHOOL ATTENDED	SCHOOL YEAR	PRIV/PUB	TEACHER
<i>Kinder</i>				
<i>Prep</i>				
<i>Grade 1</i>				
<i>Grade 2</i>				
<i>Grade 3</i>				
<i>Grade 4</i>				
<i>Grade 5</i>				
<i>Grade 6</i>				
<i>Year I</i>				
<i>Year II</i>				
<i>Year III</i>				

HONORS/AWARDS RECEIVED LAST SCHOOL YEAR

AWARD	AWARD
a.	d.
b.	e.
c.	f.

MEMBERSHIP IN ASSOCIATION INSIDE/OUTSIDE SCHOOL

CLUB	POSITION	YEAR/S OF SERVICE

Have you ever been gravely ill? _____ What _____ When _____
 Have you even been subjected in any disciplinary action? _____ If Yes, please explain _____

ESSAY: WHY DO YOU WISH TO STUDY IN CANOSSA

FOR SCHOLARSHIP APPLICANTS ONLY

Type of Scholarship Applied for: (Please check)

Academic Scholarship

Non—Academic Scholarship