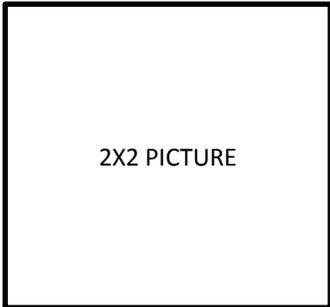




LASAL TECH ACADEMY, INC.

Km 99 Maharlika Hi-way San Leonardo Nueva Ecija
Tel. Nos.: (044) 806-5432, (0922) 815-7426
www.lasaltechacademy.com



2X2 PICTURE

APPLICATION FORM

DATE OF APPLICATION: _____

SCHOOL YEAR: _____

APPLYING FOR: _____

GRADE LEVEL

NAME: _____

GENDER: _____

FAMILY NAME

GIVEN NAME

MIDDLE NAME

HOME ADDRESS: _____

CONTACT NUMBERS: _____

RELIGION: _____

DATE OF BIRTH: _____

CITIZENSHIP: _____

PLACE OF BIRTH: _____

IF NOT A FILIPINO, PLEASE INDICATE THE TYPE OF VISA; _____

BAPTISMAL DATE: _____

NAME OF SCHOOL LAST ATTENDED: _____

DEPED SCHOOL ID/CODE FOR THE LIS: _____ LRN: _____

GRADE/LEVEL: _____ SCHOOL ADDRESS: _____

REASON/S FOR TRANSFERING: _____

IS YOUR CHILD RECEIVING ANY TYPE OF COGNITIVE, BEHAVIORAL, AND / OR PHYSICAL INTERVENTIONS? ___ YES ___ NO

IF YES, PLEASE BRIEFLY DESCRIBE THE INTERVENTION/S _____

NAME OF FATHER: _____

TEL.: _____ MOBILE: _____ E-MAIL: _____

OCCUPATION: _____ CITIZENSHIP: _____ RELIGION: _____

NAME OF MOTHER: _____

TEL.: _____ MOBILE: _____ E-MAIL: _____

OCCUPATION: _____ CITIZENSHIP: _____ RELIGION: _____

SIBLING/S PRESENTLY ENROLLED IN LASAL TECH ACADEMY, INC.

NAME	GRADE / YEAR LEVEL

HOW DID YOU KNOW ABOUT LSTA?

- WEBSITE
- PRINTED ADVERTISEMENT/S
- BILLBOARD
- PARENT/S OF OUR STUDENT/S
- GRADUATES

OTHERS: _____

WHY DO YOU LIKE YOUR CHILD TO STUDY IN LSTA?

- PROXIMITY
- CATHOLIC EDUCATION
- QUALITY OF GRADUATES
- PROGRAM OF EDUCATION

OTHERS: _____

COMMENTS: _____

Application Conforme

I hereby affirm that Lasal Tech Academy, Inc. reserves the right to withhold information regarding the actual test score of my child and that the test administered is solely for the use of Lasal Tech Academy, Inc. for admission purposes.

I hereby certify that the information Supplied in this application is complete and correct.

PARENT/GUAR DIAN SIGNATURE OVER PRINTED NAME / DATE