



South SEED-LPDH College

1281 Tropical Avenue corner Luxembourg Street, Las Piñas City, Philippines, 1740
Tel. No. (632) 8256374 / 8208702 / 8208703 local 138 Telefax: (632) 8208709 / 8205161

Admissions Office

Application for College Admission

Please write in **black ink** using **block letters**.

LAST NAME

FIRST NAME

MIDDLE NAME

place latest 2 X 2" picture here.

How did you learn about SSLC?
 Brochure
 Billboards/Streamers
 Referrals/from other people
 Website
 Passing by
 Others: Please specify _____

Course Applied for (Choose three (3) at most)

FIRST CHOICE

SECOND CHOICE

THIRD CHOICE

Student Status

New High School Graduate

Transferee from Another University / College

Second Course Taker

Personal Data

Date of Birth

Place of Birth

Civil Status

Height

Weight

Age

Sex

Citizenship

Religion

Complete Home Address _____
Complete Address in Metro Manila _____
Complete address in country of origin (for foreigners) _____
Landline Number _____ Mobile Number _____ E-mail Address _____

Educational Background

Elementary

Name of School _____ Year Graduated _____ General Average _____
Address _____

Secondary

Name of School _____ Year Graduated _____ General Average _____
Address _____

For Tranferees

Name of College / University _____ Previous Course _____
Address _____
Semester / Summer & School Year Last Attended _____

For Second Course Takers Name of College / University _____
Address _____
Units / Certificate / Diploma / Degree Earned _____

Honors / Awards Received

(Please include date and place received)

Honors / Awards	Place Received	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clubs, Societies, and other Organizations

(List names and address of all clubs, societies, employee groups (for working students & second course takers), or organizations (include membership in/or support of any organization having headquarters or branch in a foreign country) which you are a member of.

Name	Address	Period of Membership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relative(s) (most accessible) to be notified in case of emergency

Name	Relationship	Telephone No.	Mobile No.
_____	_____	_____	_____
_____	_____	_____	_____

Family Background

Father			
_____ Last Name	_____ First Name	_____ Middle Name	_____ Citizenship
_____ Occupation	_____ Monthly Income	_____ Educational Attainment	
_____ Name of Employer / Business Name	_____ Address	_____ Tel. No.	_____ E-mail Address
Mother			
_____ Last Name	_____ First Name	_____ Middle Name	_____ Citizenship
_____ Occupation	_____ Monthly Income	_____ Educational Attainment	
_____ Name of Employer / Business Name	_____ Address	_____ Tel. No.	_____ E-mail Address
No. of Siblings: ___ Brother(s) ___ Sister(s)			
_____ Name of Siblings	_____ Age	_____ Where Enrolled / Employed	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____ Signature of Applicant		_____ Date Filed	
<i>Note: Management reserves the right to subject incoming college students to a drug test.</i>			