



KALAYAAN COLLEGE

22 Manga Road cor. Aurora Boulevard, New Manila, Quezon City

Clip two (2) 2"x2" photographs taken within the last six months.

Sign your name on the back of each photograph.

Office of the Registrar and Admissions

APPLICATION FORM FOR ADMISSIONS

INSTRUCTIONS :

1. Fill out this form completely and accurately. Print or type the information requested.
2. Submit all the requirements by the deadline set by the ORA. If some documents such as the original high school report card and diploma are not yet available, please provide a certification letter from the student's previous school.
3. Schedule to take the entrance exam on the dates set by the ORA.

APPLICATION IS MADE FOR:

Academic year:

1ST SEMESTER

2ND SEMESTER

DEGREE PROGRAM CHOICES:

1.

2.

PERSONAL INFORMATION (Please write in block letters)

Legal Name				
Gender <input type="checkbox"/> M <input type="checkbox"/> F	Married Name (If applicable)	Last Name	First Name	Middle Name
Permanent Address	Street No.	Street	Subdivision/ Barangay	City/ Municipality
	Province		Country	Zip Code
Mailing Address (If not the same as permanent address)	Street No.	Street	Subdivision/ Barangay	City/ Municipality
	Province		Country	Zip Code
Contact Details	Phone:	Mobile:	E-mail	
Date of birth	Day / Month / Year	Age	Place of birth	
Citizenship	<input type="checkbox"/> Filipino <input type="checkbox"/> Others (please specify)	Civil Status		<input type="checkbox"/> Single <input type="checkbox"/> Married
If married, name of spouse			Contact no.	

SCHOOLS ATTENDED

Level	Complete name and address of all schools attended	Dates Attended
COLLEGE (Applicable for transfer students)		
Reason for transferring to Kalayaan College		
HIGH SCHOOL (Where you completed Secondary Education)		
ELEMENTARY (Where you completed Elementary Education)		

HONORS/ AWARDS/ DISTINGTIONS RECEIVED

OR NO.: DATE OF APPLICATION: DATE OF EXAM:

Legal Name	Married Name (If applicable)	Last Name	First Name	Middle Name
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FAMILY BACKGROUND

Father's Name	Mother's Maiden Name
Mailing Address	Mailing Address
Email Address	Email Address
Occupation	Occupation
Name of Employer	Name of Employer
Business Address	Business Address
Contact No.	Contact No.

Monthly Gross Family Income: Do you have a sibling enrolled at KC? (Name of sibling)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name:	Relationship to Student:	
Address:		
Phone No.:	Mobile No.:	Email Address:

MEANS OF FINANCIAL SUPPORT

Parents
 Self
 Relative
 Loan
 Scholarship
 Educational Plan, specify: _____

If self-supporting, please state monthly gross income Present Occupation

Business Address: _____

CERTIFICATION

A. I affirm that:

1. I have read and understood all instructions relevant to my application.
2. All the information supplied in this application form is true, complete, and accurate.
3. I am aware that the information furnished in this application may be checked against original documents and that withholding or giving false information will disqualify me from admission/ will be basis for dismissal if admitted.

DATE

SIGNATURE OF APPLICANT

B. I certify that the information furnished in this application form by my son/daughter/dependent is true, complete, and accurate. I recognize that in signing this application form, I share with my son/daughter/dependent the responsibility for the veracity and completeness of the information supplied herein.

DATE

SIGNATURE OF PARENT/GUARDIAN