



KALAYAAN COLLEGE

22 Manga Road corner Aurora Boulevard, New Manila, Quezon City 1111
 E-mail address: info@kalayaan.edu.ph
 Website: www.kalayaan.edu.ph
 Telephone Numbers: 726-6291/723-0876

APPLICATION FOR ADMISSION

INSTRUCTIONS:

1. Type/print answers to all items in BLOCK/CAPITAL LETTERS, or check appropriate box.
2. Take the entrance examination on the date scheduled.
3. Submit all requirements or certifications on or before the deadline.

Staple here two (2) recent 2"x2" photographs with your full name at the back of each.

APPLICATION FOR ADMISSION FOR:

- 1st SEMESTER, AY 20____ - 20____
- 2nd SEMESTER, AY 20____ - 20____
- Midyear

Degree Program Choices: 1. _____

2. _____

PERSONAL INFORMATION (Please write in block letters)

Legal Name	Last Name					First Name		Middle Name	
Citizenship			Birthday / / Day / Month / Year	Age	Birthplace	Gender M <input type="checkbox"/> F <input type="checkbox"/>			
Civil Status	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	If married, name of spouse:						
	<input type="checkbox"/> Married	<input type="checkbox"/> Separated							
Current Address	House No.	Street	Subdivision	Barangay	City/Municipality	Province	Country	Zip Code	
Permanent Address	House No.	Street	Subdivision	Barangay	City/Municipality	Province	Country	Zip Code	
Contact Details	Home Phone:		Mobile:		E-mail:				

SCHOOLS ATTENDED

LEVEL COMPLETED	NAME OF SCHOOL / ADDRESS	DATES ATTENDED
COLLEGE (for transferees)		
SENIOR HIGH SCHOOL		
JUNIOR HIGH SCHOOL		
ELEMENTARY		

If transferee, reason for transferring to Kalayaan College:

ACADEMIC HONORS, AWARDS, SCHOLARSHIPS

NAME OF AWARD	RECEIVED FROM	YEAR RECEIVED

For Kalayaan College use

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

FAMILY BACKGROUND

Father's Name		Mother's Maiden Name	
Address		Address	
Phone No.		Phone No.	
Mobile		Mobile	
E-mail		E-mail	
Occupation		Occupation	
Monthly Gross Family Income:			
Name of sibling enrolled in KC, if any:			

MEANS OF FINANCIAL SUPPORT

Parents
 Scholarship
 Educational Plan
 Others (specify) _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name: _____
 Relationship to Student: _____
 Contact Nos: _____

ADDITIONAL INFORMATION

Pursuant to R.A 7277 and R.A. 9442 (Magna Carta for Disabled Persons), please indicate specific learning/physical disability or emotional condition, if any. Failure to disclose could be ground for cancellation of registration.

CERTIFICATION

I certify that all the information supplied in this application form is true, complete, accurate, and may be verified against original documents. I am fully aware that withholding or giving false information will disqualify me from admission and, if admitted, will be sufficient ground for dismissal.

Signature of Applicant

Date

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

Signature of Parent/Guardian

Date