



Team SRG Leadership Institute

63 Scout Fuentebella St., Brgy. Lging Handa, Quezon City
SEC REG. NO. 0000000000 | www.thevoice.life.edu

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

Name _____
Surname _____ Given Name _____ Middle Name _____

Mailing Address _____

Home Address _____

Birthday _____ Age _____ Sex _____

Home Phone _____ Office Phone _____

Mobile Phone _____ E-mail _____

Name of Church you attended _____

Church Address _____

Ministry Involvement _____

Name of Pastor _____ Contact Number _____

REQUIRED CREDENTIALS (For Registrar)

- ☐ Application Form
- ☐ Pertinent Transcript of Records (Original)
- ☐ Three (3) Character References
- ☐ Biographical Information
- ☐ Medical Report
- ☐ Church Recommendation
- ☐ Birth Certificate (PSA Copy)
- ☐ 2pcs 2x2 & 2pcs 1x1 I.D. Photo
- ☐ Baptism Certificate

Course _____

Remarks _____

EDUCATIONAL BACKGROUND

High School _____ Course _____ Year Graduated _____

College _____ Course _____ Year Graduated _____

Vocational _____ Course _____ Year Graduated _____

Others _____ Course _____ Year Graduated _____

Student's Signature over Printed Name

Approved by:



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REGISTRATION

Student Name _____

Student No. _____

Address _____

Birthday _____

Birth Place _____

Elem. School/Year _____

Post Graduate _____

Seminary _____

High School/Year _____

Other Course _____

Present Course _____

College/Year _____

Major _____

Degree _____

Graduation Date _____

Date Graduate _____

Contact No. _____

SO Number _____

Remark _____

SUMMARY OF UNITS TAKEN

| School Year | Semester | Number of Units Taken |
|-------------|----------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total Units

Student Signature

Evaluated by

Approved by



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STUDENT'S PROGRAM

Student No.:

School Year:

Course:

Major:

| Family Name | | Given Name | | Middle Name |
|-------------|-----|------------|-------|-------------|
| SUBJECTS | DAY | TIME | UNITS | PROFESSOR |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Approved by:

Bishop Dr. Ricardo Sio
President

Date

SCHOOL I.D.

Course: _____

Full Name: _____

Home Address: _____

Contacts: _____

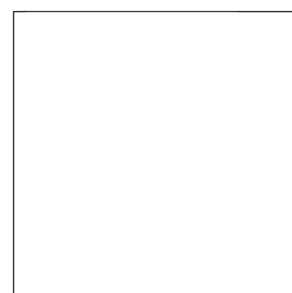
Birthday: _____ Student No. _____

In case of Emergency, contact:

Name: _____

Home Address: _____

Contact: _____



PICTURE
2X2 white background



Signature