

L.I.G.H.T. CHRISTIAN ACADEMY

義光基督學院

87 J. Teodoro Street, West Grace Park, Caloocan City

APPLICATION FORM

Date of Application

_____/_____/_____
MonthDayYear

2x2
I.D.
picture

Please submit this Application Form together with a photocopy of the Applicant’s Birth Certificate and last Report Card (if applicable). Thank you.

Name of Applicant

Family NameGiven Name(s)Middle NameChinese Name

Date of Birth

_____/_____/_____
monthdayyear

Age_____

Birth Place

_____/_____/_____
countryprovincecity

Gender_____

Citizenship_____

Residential Address_____

Home Phone Number_____

Cell Phone Number_____Email Address_____

Religion_____

Church Attended_____

SCHOOL HISTORY

Name of School	Address of School	School Year	Level

Sibling/s enrolled in our school _____

PARENT/GUARDIAN INFORMATION

Relationship to Applicant: _____

Last Name: _____

First Name: _____

Middle Name: _____

Contact Number/s: _____

Email Address: _____

Occupation: _____

Citizenship: _____

Relationship to Applicant: _____

Last Name: _____

First Name: _____

Middle Name: _____

Contact Number/s: _____

Email Address: _____

Occupation: _____

Citizenship: _____

We certify that the information herein is correct and complete to the best of our knowledge. Falsification or withholding of information will automatically nullify the application and may subject my child to dismissal from the school. Furthermore, the submission of this form authorizes the School to verify certain information contained herein.

Father’s signature over printed name

Mother’s signature over printed name