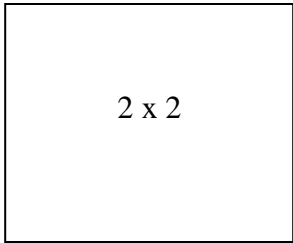




# COLLEGE OF SAN BENILDO - RIZAL

Sumulong Highway, Antipolo City  
Telephone No. 660-8105/660-8108



## APPLICATION FORM HIGH SCHOOL DEPARTMENT

Application for: \_\_\_\_\_ Level School Year: **2019-2020** Application No. \_\_\_\_\_ O.R. \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION:**

DEPED LRN:

**NAME:** \_\_\_\_\_  
(Last (First) (Middle) (Nickname)

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Birth Order: \_\_\_\_\_

Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Home Address: \_\_\_\_\_

Brother(s)/Sister(s) in CoSB-R Name Grade/Level & Section Birth Order

### II. FAMILY BACKGROUND

FATHER	MOTHER
	<b>NAME</b>
	<b>CONTACT NO. (Res.# &amp; Cell #)</b>
	<b>OCCUPATION</b>
	<b>EMPLOYER/COMPANY</b>
	<b>BUSINESS TEL. NO</b>
	<b>BUSINESS ADDRESS</b>
	<b>EDUCATIONAL ATTAINMENT</b>
	<b>SCHOOL GRADUATED</b>

### GUARDIAN

Name of Guardian:	Mobile No:
Relation to the student:	Landline No.
Address:	

### III. PREVIOUS SCHOOLING

Grade Level	Name of School	Address	Year Attended
Grade 6	_____	_____	_____
Grade 7	_____	_____	_____
Grade 8	_____	_____	_____
Grade 9	_____	_____	_____
Grade 10	_____	_____	_____

Interests and Hobbies \_\_\_\_\_

Is your child undergoing any type of cognitive, behavior or physical intervention? \_\_\_ Yes \_\_\_ No

If yes, please explain briefly. \_\_\_\_\_

How did you find out about us?

- Referral  Brochure  
 Social media (Facebook/Website)  Tarpaulin

Others (please specify) \_\_\_\_\_.

### LIST OF DOCUMENTS TO BE SUBMITTED

- \_\_\_\_\_ 1. Original copy of PSA Birth Certificate
- \_\_\_\_\_ 2. Clear Photocopy of Baptismal Certificate
- \_\_\_\_\_ 3. Certified true copy of latest report card (**3 copies**)
- \_\_\_\_\_ 4. 2x2 colored picture (3 pcs.)
- \_\_\_\_\_ 5. Good Moral Character Certificate signed by the Principal
- \_\_\_\_\_ 6. Recommendation from the Class Adviser & Guidance Counselor (**Use CoSB-R Form**)
- \_\_\_\_\_ 7. 1 long brown envelope

All documents submitted with the application become the property of CoSB-R and will NOT be returned to the applicant

I certify that the foregoing data are true and correct. I also understand that the Php 750.00 testing fee and Php 3,000.00 reservation fee are non-refundable.

\_\_\_\_\_  
Parent's signature over printed name

\_\_\_\_\_  
Date



St. Benilde Romancon

**Benildeans do ordinary things extraordinarily well.**