



Application #

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St. Theresa's College
Don Ramon Aboitiz St., Cebu City
High School Department
Tel. # (032) 253-3432/ 256-2851

STC Senior High School
(Academic Strand _____)

APPLICATION FOR GRADE _____ ADMISSION

Personal Information

LAST NAME _____ GIVEN NAME _____ MIDDLE (Give Full Middle Name) _____
HOMEADDRESS _____

ZIP CODE _____ TEL.# _____ MOBILE # _____ EMAIL _____
DATE OF BIRTH _____ PLACE OF BIRTH _____ CITIZENSHIP _____ RELIGION _____

FATHER'S NAME _____ () Living () Deceased
CITIZENSHIP _____ RELIGION _____ OCCUPATION _____
TEL.# _____ MOBILE # _____ EMAIL _____

MOTHER'S NAME _____ () Living () Deceased
CITIZENSHIP _____ RELIGION _____ OCCUPATION _____
TEL.# _____ MOBILE # _____ EMAIL _____

GUARDIAN'S NAME (if applicable) _____
ADRESS _____
RELATION TO APPPLICANT _____ OCCUPATION _____
TEL.# _____ MOBILE # _____ EMAIL _____

Scholastic Background

ELEMENTARY (GRADUATED)

Name of School _____ Location _____ Year Graduated _____

JUNIOR HIGH (Graduated)

Name of School _____ Location _____ Year Graduated _____

SENIOR HIGH (Present School Attended)

Name of School _____ Location _____ Present Grade Level _____

Were you ever dismissed from any school or denied re-admission? _____ YES _____ NO. If YES, provide name of school, school year and reason(s).

Did you ever repeat a grade level? _____ YES _____ NO. If YES, provide name of school, school year and reason(s).

Were you ever placed on probation status? _____ YES _____ NO. If YES, provide name of school, school year and reason(s).

Did you encounter academic difficulties in the past? _____ YES _____ NO. If YES, please describe.

Were you ever diagnosed with conditions that prevented you from performing well in school, e.g. ADHD? _____ YES _____ NO. If YES, please describe.

Name of the Principal, Headmaster or Director of your present school _____
School Address _____

Tel. No. _____ Email _____

Physical/ Health Fitness

List any health problems/medical conditions which should be taken into consideration in planning your school activities.

Have you ever been forced to stop schooling for a month or more because of poor health? _____ YES _____ NO. If YES, provide details and dates.

CERTIFICATION

I hereby certify that all information supplied in this application is accurate and complete, and I authorize Saint Theresa's College - Cebu High School Department to verify all information supplied herein. I fully understand that misrepresentation of information supplied herein will be considered sufficient reason both for refusal of admission and exclusion.

Father's/Guardian's Signature _____ Applicant's Signature _____

Mother's/Guardian's Signature _____ Date _____

-----**DO NOT WRITE BELOW THIS LINE**-----

Date Application Received _____ Date of Decision _____ Date of Notification _____

Action of the Admissions Committee: [] ACCEPTED
[] PROBATIONARY (with conditions) _____
[] WAIT-LISTED
[] REJECTED
[] _____

Noted by: _____

Designation: _____

Date: _____