

Senior High School Application Form

PLEASE FILL OUT ALL FIELDS CORRECTLY

School Year: _____
ADMISSION DATE

O.R. No.: _____

Part 1: Personal Information

FULL NAME

First Middle Name Last Name

GENDER

M F

BIRTHDAY

MOBILE NUMBER

LANDLINE

AGE

MM / DD / Year | | | | | - | | | | | | | | | | - | | | | | | | | |

PRESENT ADDRESS

Number Street Village / Municipality District / City

EMAIL ADDRESS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

NATIONALITY

RELIGION

PLACE OF BIRTH

STATUS

City of Birth S M



Part 2: Parents / Guardian Details

FATHER'S NAME / NAME OF LEGAL GUARDIAN

First Last

MOTHER'S NAME / NAME OF LEGAL GUARDIAN

First Last

LANDLINE

MOBILE NUMBER

LANDLINE

MOBILE NUMBER

| | | | | - | | | | | | | | | | - | | | | | | | | |

| | | | | - | | | | | | | | | | - | | | | | | | | |

FATHER'S OCCUPATION

Occupation Gross Monthly Income

MOTHER'S OCCUPATION

Occupation Gross Monthly Income

PRESENT ADDRESS OF LEGAL GUARDIAN (If different from above)

Number Street Village / Municipality District / City Who will be paying for your tuition fee?

NAME OF SPOUSE (IF MARRIED)

First Last

LANDLINE OF SPOUSE

MOBILE NUMBER OF SPOUSE

| | | | | - | | | | | | | | | | - | | | | | | | | |

Part 3: Course Preference & Education Program

SENIOR HIGH SCHOOL PROGRAMS

CIIT's Senior High School Program allows students to enroll in either Media and Visual Arts or Animation or Programming and graduate with a Senior High School Diploma and a TESDA Certification (for Animation). The student may also proceed to our Bachelor's Degree Courses and have their SHS subjects credited as college subjects depending on their Senior High School Diploma.

Please check which Program you want to enroll in. Choose one only.

- Media and Visual Arts
- Animation
- Programming

Part 4: Educational Background

HOW DID YOU FIND OUT ABOUT CIIT?

_____ If you were referred by a CIIT Student, please write the name of the student here: _____

ELEMENTARY GRADUATED

YEARS ATTENDED

Name _____ City _____ | | | | | - | | | | |

AWARDS & CITATIONS RECEIVED IN ELEMENTARY

YEAR AWARDED

YEAR AWARDED

Award / Citation Received _____ | | | | | Award / Citation Received _____ | | | | |

HIGH SCHOOL / JUNIOR HIGH SCHOOL GRADUATED

Name _____ City _____ | | | | | - | | | | |

AWARDS & CITATIONS RECEIVED IN HIGH SCHOOL

YEAR AWARDED

YEAR AWARDED

Award / Citation Received _____ | | | | | Award / Citation Received _____ | | | | |

LAST SCHOOL ATTENDED

Name _____ City _____ | | | | | - | | | | |

Part 5: Emergency Contact Information

DO YOU HAVE ANY SIBLINGS WHO IS CURRENTLY STUDYING IN CIIT OR GRADUATED FROM CIIT?

Name _____ Relationship _____

CONTACT PERSON FOR EMERGENCY

LANDLINE

MOBILE NUMBER

Name _____ Relationship with Contact _____ | | | | | - | | | | | - | | | | |

*Please keep emergency contact details updated by informing the Registrar's Office for any changes. Contact details are very important and it is the sole responsibility of the student and/or legal guardian to ensure that these are up-to-date.

Part 6: Certification of Information

I hereby certify that all the information I have written in this Application Form are true and correct. Any misinformation found and proven true by CIIT shall serve as grounds for nullification of my enrollment or education at CIIT College of Arts and Technology. Furthermore, I am giving my written consent for CIIT College of Arts and Technology to hold my personal information that may be required for the purpose of admission.

SIGNATURE OF APPLICANT DD / MM / Year
DATE

SIGNATURE OF PARENT / LEGAL GUARDIAN DD / MM / Year
DATE
*Required for all applicants below 18 years old