



MARY HELP OF CHRISTIANS COLLEGE - SALESIAN SISTERS, INC.

047 | Acacia St. Ceris 1 Subd. LEDC., Brgy. Canlubang, Calamba City, Laguna
(049) 549 72 09 | mhccbasiced@yahoo.com | principalmaryhelp24@gmail.com

BASIC EDUCATION DEPARTMENT PAASCU ACCREDITED LEVEL III

Staple 2 recent
2"x2" picture here

Print and sign over
printed name
at the back of the
picture.

APPLICANT NO: _____

School Year/Term: _____

Grade Level: _____

Student Type:

____ Freshman

____ Transferee

Learner's Reference Number
(LRN): _____

Entrance Examination Fee:

____ FREE ____ P200 (Nursery 1&2)
____ P400(K-G3) ____ P200 (G4-SHS)

PMO/Cashier's Check

O.R. No. _____

Date: _____ By _____

Student Admission Office

SCORE: _____

I.Q.: _____

M.A. _____

Admitted to: _____

Referred by: _____

NAME _____
LAST FIRST NAME MIDDLE NAME M.I. SUFFIX

Sex/ Gender: ____ Male ____ Female Date of Birth: _____ Place of Birth: _____

Age: _____ Religion: _____ (mm/dd/yyyy) Height (cm): _____ Weight (kgs): _____

Civil Status: _____ Mobile No(+63): _____ Email Address: _____

Permanent Address: _____
House#, Street Subd., Brgy. City Province Postal Code

Current Address: _____
House#, Street Subd., Brgy. City Province Postal Code

FATHER'S NAME: _____
LAST FIRST NAME MIDDLE NAME M.I. SUFFIX

Address: _____ Occupation: _____
House#, Street Subd., Brgy. City Province Postal Code

Religion: _____ Mobile No(+63): _____ Email Address: _____

MOTHER'S NAME: _____
LAST FIRST NAME MIDDLE NAME M.I. SUFFIX

Address: _____ Occupation: _____
House#, Street Subd., Brgy. City Province Postal Code

Religion: _____ Mobile No(+63): _____ Email Address: _____

GUARDIAN'S NAME: _____
LAST FIRST NAME MIDDLE NAME M.I. SUFFIX

Address: _____ Occupation: _____
House#, Street Subd., Brgy. City Province Postal Code

Religion: _____ Mobile No(+63): _____ Email Address: _____

Marital Status of Parents: ____ Married ____ Divorced ____ Separated ____ Solo Parent ____ Widowed ____ Others, specify: _____

In case of Emergency, please contact: ____ Mother ____ Father ____ Guardian

BROTHERS / SISTERS / RELATIVES INFORMATION

Complete Name	Age	Relation	Recent School/Occupation

EDUCATIONAL BACKGROUND

Level	Name of School	Years Attended	Year Graduated	City	Province
Preschool					
Elementary					
Junior High School					
Senior High School					
College					

List honors/awards for academic excellence or special distinctions received.	Special talents and skills	List memberships in school/outside organizations

REFERENCES (choose persons not related to you)

Full Name	Occupation	Address	Mobile No.

How did you learn about our school? Kindly check all that apply:

Student Faculty/Employee Career Talk Print Ads
 Alumni Exhibit Website Referral
 Other, specify _____

For Authorized personnel of MHCC (Skip this section)

Examination Date: _____ **Date:** _____

Examination Status: Passed Waitlisted.

Verified by: _____

Interview Status: Passed Waitlisted.

Verified by: _____

I hereby affirm that all information supplied herein are complete and accurate. Withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the policies, rules, and regulations of the Mary Help of Christians College – Salesian Sisters Inc.

Signature

Date