



Colegio San Agustin

Dasmariñas Village, Makati City 1222

Tel. Nos. 843-3723 to 26 * 843-9998

PAASCU Accredited

APPLICATION FORM FOR ADMISSIONS

Academic Year 20__ - __

Date: _____

☐ PLEASE PRINT LEGIBLY

APPLYING FOR: _____ (GRADE LEVEL)

SURNAME		GIVEN NAME		MATERNAL NAME	
DATE OF BIRTH		RESIDENCE TEL. NO.		AGE	SEX
RELIGION	CITIZENSHIP		E-MAIL ADDRESS		
FATHER'S NAME		OFFICE TEL.	MOTHER'S NAME		OFFICE TEL.
HOME ADDRESS				NO. OF BROS./SISTERS ENROLLED AT CSA	

LEVEL	NAME OF SCHOOL	COMPLETED		SCHOOL YEAR
		YES	NO	
KINDER				
GR. 1				
GR. 2				
GR. 3				
GR. 4				
GR. 5				
GR. 6				
GR. 7				
GR. 8				
GR. 9				
GR. 10				
GR. 11				
GR. 12				

I certify that all the information on this form are true and correct.

PARENT'S SIGNATURE OVER PRINTED NAME