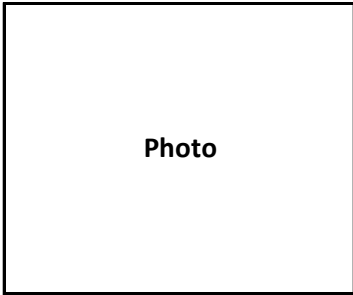




**HOLY FAMILY ACADEMY OF ANGELES, PAMPANGA, INC.**  
**Angeles City**  
**OFFICE OF THE REGISTRAR**  
**APPLICATION FOR ADMISSION**



Photo

Date: \_\_\_\_\_

Applying for: \_\_\_\_\_

LRN: \_\_\_\_\_

Name: \_\_\_\_\_

Last Name	First Name	Middle Name
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Address: \_\_\_\_\_

House No.	Street	Barangay	Town/City
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Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Place of Baptism: \_\_\_\_\_ Religion: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Age: \_\_\_\_\_ Nationality: \_\_\_\_\_

Former student/pupils? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what grade? \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Address of School: \_\_\_\_\_

PARENT'S INFORMATION	FATHER	MOTHER
Name		
Age and Date of Birth		
Contact Number/s		

Name of Guardian (if parents are away): \_\_\_\_\_ Contact number: \_\_\_\_\_

Sibling/s (From eldest to youngest):

Name	Age	Gender	Educational Attainment	School/Occupation

Who is paying for the school fee? (e.g. parents, guardian, educational plan, scholarship) \_\_\_\_\_

What are the reasons for choosing Holy Family Academy: \_\_\_\_\_

**For Grade 8-10 applicants only:**

Is the applicant an ESC recipient in the former school?

No  Yes (Please provide a copy of ESC certification from previous school)

**PROCESSING OF APPLICATION WILL BE DONE WHEN REQUIREMENTS ARE COMPLETED.**

***The application form must be submitted personally by the parent or guardian to the Office of the Registrar. Credentials filed in support of the application become the property of the Holy Family Academy and will not be returned to the applicant.***

***I hereby agree that the information given are true and correct***

\_\_\_\_\_  
Printed Name & Signature of the  
Parent or Guardian

\_\_\_\_\_  
Signature of the Applicant