



CANOSSA COLLEGE

Lakeside Park Subd., San Pablo City, Laguna 4000
(049) 562-3890 – 91, Loc. # 221

Attach
1x1
Photo
here

HUMAN RESOURCE CENTER

College Department

Type or print clearly. Complete the application form correctly. Place N.A. when Not Applicable

PERSONAL INFORMATION

Name _____

Last (Family Name)

First (Given name)

Maternal (Middle)

Complete Home Address _____

Tel. No.: _____ Cell Phone No.: _____ E-mail Address: _____

Date of Birth: _____ Place of Birth: _____ Age _____

Sex: _____ Religion: _____ Citizenship: _____

Civil Status: _____ If married, name of wife/husband: _____

Where & When Baptized: _____

Brothers and Sisters Studying here

Year Level

School Year

FAMILY BACKGROUND

Parent's Name _____

Date of Birth _____

Educ'l Attainment _____

Occupation _____

Parent's Marital Status: Married Separated Widowed

Guardian's Name (if not living w/parents) _____

Address: _____

Stepparents: _____

No. of Stepbrother/s _____ Stepsister/s _____ Tel. No.: _____

Grandparents with you: _____ Other relatives: _____

Order of children in the family (indicate student's position with * if female 0 if male)

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Area where you grew up:

Commercial

Residential

City

Town

Barrio

Socio Economic Status:

Very High

High

Middle

Low

Very low

EDUCATIONAL BACKGROUND

School

Address

School Year

School Type

Pre-School _____

Elementary _____

Secondary _____

Vocational _____

College/Universities Attended _____

Address: _____ Course: _____ Year level: _____ Date Attended: _____

Nature of Schooling: Continuous Interrupted Why? _____

A
P
P
L
I
C
A
T
I
O
N

F
O
R
M

Subject with:	First Year	Second Year	Third Year	Fourth Year
HIGHEST MARKS				
LOWEST MARKS				
FAILING MARKS				

Favorite Subjects

First Year: _____ Second Year: _____ Third Year _____ Fourth Year _____

SOCIAL AND VOCATIONAL

Intended Course: _____ Personal Choice: _____ Parent's Choice _____

Special Skill: _____

Occupations you would like to engage in: _____

Have you ever been employed? _____ Where? _____

Nature of work: _____ Still employed? _____ Do you like your job? _____

Reasons for staying/leaving: _____

Responsible positions you hold: (School/Outside Organizations)

First Year	Second Year	Third Year	Fourth Year

MEDICAL HISTORY

(pls. specify)

PREVIOUS ILLNESS _____

FAMILY HISTORY _____

HOSPITALIZATION/OPERATIONS _____

IMMUNIZATION _____

DO NOT FILL-UP

Date and Batch of Canossa College Entrance Test: _____

TEST	RS	RATING/CLASSIFICATION	GEN. AVE.
CCET STATUS		PASSED _____ FAILED _____ CONDITIONAL _____	

VERIFICATION

I certify that the information here is correct and complete. Falsification or withholding of information on this form will automatically void my application and/or subject to dismissal from the college.

Signature over printed name

Date

To be filled up by the Guidance Counselor/Scholar Moderator

Date of interview: _____

Evaluation: _____

Recommendation/Admission Status:

Accepted
 Rejected
 Probation (SOAP)
 For home visitation

Signature of GC/SM

To be filled up by the HRC Coordinator

Date of interview: _____

Evaluation: _____

Recommendation/Admission Status:

Accepted Rejected Probation (SOAP) For home visitation

Signature of HRC Coordinator

To be filled up by the Dean

Date of interview: _____

Evaluation: _____

Recommendation/Admission Status:

Accepted Rejected Probation (SOAP) For home visitation

Signature of Dean

FOR SCHOLARSHIP APPLICANT ONLY

How can we reach your place? (please sketch)



PERSONAL NA IMPORMASYON (SCHOLAR'S PROFILE)

Pangalan: _____
Tirahan: _____
Kurso/Taon : _____

Kapanganakan: _____
Edad : _____
Scholarship Grant: _____
Level: _____

KABUUAN NG PAMILYA

A. Magulang

1. Ama: _____
Tirahan: _____
Hanapbuhay: _____

Kapanganakan: _____
Edad: _____

Regular Irregular

Buwanang kita: _____

Kalagayang pangkalusugan:

Nakahiga sa karamdaman
 Malusog

Pabalik-balik na sakit
 May kapansanan

2. Ina: _____
Tirahan: _____
Hanapbuhay: _____

Kapanganakan: _____
Edad: _____

Regular Irregular

Buwanang kita: _____

Kalagayang pangkalusugan:

Nakahiga sa karamdaman
 Malusog

Pabalik-balik na sakit
 May kapansanan

B. Ibang Miyembro ng pamilya:

- | | |
|---|---|
| 1. _____ Bilang ng magkakapatid | 6. _____ Pang-ilan sa pamilya |
| 2. _____ Edad ng panganay na kapatid | 7. _____ Edad ng pinkabatang kapatid |
| 3. _____ Bilang ng may asawa | 8. _____ Bilang ng kapatid na tumutulong sa pamilya |
| 4. _____ Bilang ng nag-aaral pa | 9. _____ Bilang ng wala pang asawa |
| 5. _____ Bilang ng nagtatabaho sa ibang bansa | 10. _____ Kamag-anak na tumutulong sa pamilya |

KALAGAYANG PAMBAHAY

A. Uri ng bahay

- Kongkreto
 Semi-kongkreto
 Yari sa kahoy
 Magaang materyales
Iba pa (tukuyin) _____

B. Pagmamay-ari

- Sarili
 Umuupa (Php _____)
 Taga-pangalaga
 nakikitira
Iba pa (tukuyin) _____

C. Tagal ng pagtira

- 3 taon mahigit
 2 taon
 1 taon
 lilipat na

D. Kasangkapan sa loob ng bahay

- Television Component/Stereo Electric fan Phone
- Refrigerator Radio/Cassette Washing machine

E. Ilaw

- Flourescent lamp
- Bulb
- Gasera

F. Tubig

- Jethmatic Artisan well
- NAWASA Deep well
- Pump well River/Stream

MGA URI NG SULIRANIN NG PAMILYA

(PAKILAGYAN NG TSEK (/))

- Pamilyang walang sapat na kakayahan para sa paghahanapbuhay.
- Pamilyang may kakayahan ngunit kulang sa motibasyon at pagkakataon para maghanapbuhay
- Pamilyang may miyembrong naghahanapbuhay ngunit ang kinikita ay hindi sapat na tumugon sa mga pangunahing pangangailangan
- Pamilyang naapektuhan ng malubhang karamdaman, nawalan ng hanapbuhay, pagkamatay, pag-aasawa ng miyembro ng pamilya, pag-aasawang muli, pagpapalit ng pagganap ng tungkulin na ang dulot ay suliraning pang-emosyonal.

URI NG KAPALIGIRAN NA KINALAKHAN

- Baryo Lungsod Iba pa tukuyin: _____
- Bayan Iskwater

MGA SULIRANIN SA PAMAYANAN

- Suliranin sa karahasan Palagiang dinaraan ng mga kalamidad
- Malayo sa kalsada Suliranin tungkol sa sinaunang kaugalian
- Kulang sa pangunahing pasilidad kagamitan tulad halimbawa ng mga ss:
 - Elektrisidad Kalsada
 - Komunikasyon Paaralan
 - Sentrong Pangrelihiyon Sentrong Panglibangan

Binisita ni/nina: _____ Lagda: _____

Petsa: _____

Obserbasyon: _____

Rekomendasyon: _____

Attach
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CANOSSA COLLEGE ENTRANCE TEST

TEST PERMIT
SY 200__ - 00__

LAST NAME	FIRST NAME	MIDDLE NAME
Sex _____	Telephone/Cell Number _____	
_____ Old Student	_____ New Student	_____ Transferee
Year level (incoming) _____		
COURSE _____	<input type="checkbox"/> Paying	<input type="checkbox"/> Scholar
TEST SCHEDULE _____	TESTING SITE _____	
Date	Time	

INSTRUCTIONS:

- ⊘ Please be at the Testing site at least 15 mins. before exam.
- ⊘ Late examinees will not be allowed to take the test
- ⊘ Bring two (2) sharpened pencils and snacks

Issued by: _____ Date: _____ Examiner: _____

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