

AUP Academy

SENIOR HIGH SCHOOL

P.O Box 1834 Manila
Location Address: Puting Kahoy, Silang, 4118 Cavite



APPLICATION FORM

ACADEMIC YEAR: 2016-2017

LAST NAME

FIRST NAME

MIDDLE NAME

NICKNAME

PASTE 2x2
PICTURE HERE

GRADE LEVEL APPLIED FOR: _____

Grade Level

ACADEMIC STRAND: GAS ABM STEM

PERSONAL INFORMATION

DATE OF BIRTH

PLACE OF BIRTH

Month day year

AGE

GENDER

NATIONALITY

CITIZENSHIP

RELIGION

CHURCH MEMBERSHIP (If SDA) _____ MISSION/CONFERENCE (If SDA) _____ DATE OF BAPTISM _____

COMPLETE ADDRESS (Address during school days)

No.

Street

Village/Subdivision

Barangay

Town/City

Zip Code

HOME MAILING ADDRESS

No.

Street

Village/Subdivision

Barangay

Town/City

Zip Code

TELEPHONE NUMBER _____ MOBILE PHONE NUMBER _____

E-MAIL ADDRESS _____

FAMILY INFORMATION

	Father	Mother
Name		
Occupation		
Religion		
Address		
Contact Numbers		

E D U C A T I O N A L I N F O R M A T I O N

Educational Level	Year Graduated	Name of School	Address
Elementary			
Junior High School			

IN CASE OF AN EMERGENCY, IF UNABLE TO CONTACT PARENT/S, CONTACT:

Name:	Contact Number:
Relationship to Applicant	

Conduct

Have you ever watched moving pictures in theaters? _____ When was the last time you did? _____
 Have you ever smoked? _____ Did you ever drink alcohol beverages? _____
 Do you promise to abide by the regulations of the ACADEMY?

Write briefly in your own words why you wish to pursue your education at Adventist University of the Philippines ACADEMY?

Student Pledge

I recognize that attendance at Adventist University of the Philippines ACADEMY is a privilege. I voluntarily pledge, if admitted, to be LOYAL and to UPHOLD the standards and principles of the Academy- never to CHEAT, STEAL, LIE, SMOKE, DRINK, FIGHT, or DESTROY SCHOOL PROPERTY, VANDAL, JOIN FRATERNITY, ATTEND THEATER and to the best of my ability, by God's grace, follow and behave according to what is stated in the student handbook.

Should I prove unfaithful to this pledge, I shall willingly withdraw attendance therein.

_____	_____
<i>Parent's or Guardian's Signature over Printed Name</i>	<i>Student's Signature over Printed Name</i>

For Admission Personnel

Application received (date): _____ by: _____
Signature over printed name

STATUS: _____ Date: _____

DATE ADMITTED: _____ Remarks: _____

Noted:

Principal/Senior High Coordinator