



<div></div>		SEMESTER: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd A.Y. _____ STUDENT APPLICATION NO.: 2024-	
<div><h1>SAMAL ISLAND CITY COLLEGE</h1><h2>ADMISSION OFFICE</h2><p>Datu Taganiog St., Peñaplata, Samal District, Island Garden City of Samal.</p><h3>APPLICATION FORM</h3><p>Fill out this form carefully and PRINT or TYPE all information requested. Mark all appropriate boxes with an "✓". If Item is not applicable indicate "N/A". Only Application Forms correctly and completely filled out will be accepted. <b>INCOMPLETE FORMS WILL NOT BE PROCESSED.</b></p></div>			
A. PERSONAL INFORMATION			
(LAST NAME), (GIVEN NAME) (MIDDLE NAME) (EXT. NAME)		AGE: _____ BIRTHDATE: _____ (Month/Date/Year)	
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female			
GENDER: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> LGBTQA+			
CIVIL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single Parent <input type="checkbox"/> Cohabiting/Live-in Other _____			
MOBILE/TELEPHONE NO. (Required):		EMAIL ADDRESS (Required):	
PLACE OF BIRTH (City/Municipality):			
Are you a member of Indigineous People's Community? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: _____			
B. DEMOGRAPHIC DATA			ZIP CODE: _____
PERMANENT ADDRESS:			
(Purok/Block/Sitio), (Barangay), (City/Municipality), (Province)			
C. FAMILY BACKGROUND			
<div><input type="checkbox"/> Parents living together <input type="checkbox"/> Father Remarried</div> <div><input type="checkbox"/> Deceased Father <input type="checkbox"/> Mother Remarried</div> <div><input type="checkbox"/> Deceased Mother <input type="checkbox"/> Parents Separated, since when? _____</div> <div>Number of siblings in the family: _____ Who will support your study? _____</div> <div>Do you have a family member who is an OFW? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, specify: _____</div>			
D. TYPE OF STUDENT			
<input type="checkbox"/> 1st Year College <input type="checkbox"/> Transferee <input type="checkbox"/> Returnee <input type="checkbox"/> Cross-Enrollee			
Student Category <input type="checkbox"/> Full time <input type="checkbox"/> Working Student Nature of work _____			
E. EDUCATIONAL BACKGROUND			
Freshmen			
(Name of Senior/High School last Attended) (Academic Track) (Address: City/Municipality/Province) (Year Graduated)			
Transferee			
(Name of College last attended) (Course) (Address: City/Municipality/Province) (Year Attended)			
F. COURSE APPLIED FOR			
<div><input type="checkbox"/> BS Agri Business <input type="checkbox"/> Bachelor of Public Administration <input type="checkbox"/> BS Criminology</div> <div><input type="checkbox"/> BS Entrepreneurship <input type="checkbox"/> BS Tourism Management</div>			
<p><b>CONFORME:</b> By signing below, I hereby certify that all the information written in this application are complete and accurate. I agree to update the Office of Admissions and the Registrar's Office for any changes. I acknowledge that I have read and understood the Samal Island City College (SICC) Admissions Privacy Notice posted in the office premises. I understand that by applying for admission/registering as a student of this institutuion, I allow SICC through the Office of Admissions to collect, record, organize, update or modify, retrieve, consult, utilize, consolidate, block, erase or delete any information which are a part of my personal data for historical, statistical, research and evaluation purposes pursuant to the provisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations. I also agree, if accepted as a student, that my admission, matriculation, legibility for any assistance/grant, and graduation are subject to the rules and regulations of this institution.</p>			
Student's Signature Over Printed Name		Date Accomplished	
REMARKS:		REMARKS:	
Samal Island City College Admission Test (SICCAT)		Admission In-Charge	