

	<h1>SAMAL ISLAND CITY COLLEGE</h1> <p>Datu Taganiog Street, Brgy. Peñaplata, Samal District Island Garden City of Samal, Davao del Norte Email: samalislandcitycollege@gmail.com Website: https://sicc.samalcity.gov.ph</p>		Form No.	F- D2A11- 107		
			Revision No.	01		
			Date Effective			
ADMISSION APPLICATION FORM						
Semester:	<input type="checkbox"/> 1 ST <input type="checkbox"/> 2 ND	A.Y.	2025-2026			
Student Application	2025-	Date of Application:				
Type of Student:	<input type="checkbox"/> New Student <input type="checkbox"/> Transferee <input type="checkbox"/> Returnee <input type="checkbox"/> Cross-Enrollee			ID Photo (Passport Size)		
Student Category:	<input type="checkbox"/> Full-time <input type="checkbox"/> Working student, _____					
Course Applied for:	<input type="checkbox"/> BS in Agribusiness <input type="checkbox"/> BS in Entrepreneurship <input type="checkbox"/> BS in Tourism Management <input type="checkbox"/> BS in Criminology <input type="checkbox"/> Bachelor of Public Administration					
L out this form carefully and PRINT or TYPE all information requested. Mark all appropriate boxes with an "X". If item not applicable indicate "N/A". Only Application Forms correctly and completely filled out will be accepted, INCOMPLETE FORMS WILL NOT BE PROCESSED.						
A. PERSONAL INFORMATION						
Name: <u>TEST</u> <small>[Last Name] [Given Name] [Middle Name] [Ext. Name: ex. Jr., Sr.]</small>						
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Gender: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> LGBTQ						
Age: ____ Birthdate: _____ Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Solo Parent <small>(mm/dd/yyyy)</small> Other: _____						
Home Address: _____ Mobile Number: _____						
Present Address: _____ Email Address: _____						
Place of Birth: _____ PWD: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Senior High School/School Last Attended: _____ Year Graduated: _____						
Senior High Track: _____ Strand: _____ LRN: _____ GPA: _____						
Member of Cultural Minor Group? <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) _____ <small>(Ex. Sama, Manobo, Bagobo, etc.)</small>						
Father's Complete Name: _____ <small>[Last Name] [Given Name] [Middle Name] [Ext. Name: ex. Jr., Sr.]</small>						
Mother's Maiden Name: _____ <small>[Last Name] [Given Name] [Middle Name]</small>						
B. SOCIO-ECONOMIC DATA						
Family/ Household Members (COMPLETE NAME)	RELATIONSHIP (Relationship to Applicant)	Age	Mobile Number	Highest Educational Attainment	Occupation/ Livelihood	Monthly Income
Note: Please include only members living in the same house.					Total Monthly Income: _____	
Do you have family member who is an OFW? <input type="checkbox"/> No <input type="checkbox"/> yes, specify: _____						
Is your family a beneficiary of any government social assistance program (ex. 4Ps)? <input type="checkbox"/> Yes, please specify the program: _____						
Total amount received per month: _____						
CONFORME: 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 institution, 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.						
Student's signature over printed name		Remarks: SICCAT		Remarks: JAMAICAH D. MAHINAY, LPT Admission In-Charge		