



Republic of the Philippines
**Eulogio "Amang" Rodriguez Institute
of Science and Technology**
Nagtahan St. Sampaloc, Manila
STUDENT ADMISSION REGISTRATION AND RECORDS MANAGEMENT SERVICES
ECAT APPLICATION FORM

Document No.	
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TO THE APPLICANT

Read carefully the ECAT Guidelines and Requirements before accomplishing this form. Please write LEGIBLY and CORRECTLY in PRINT LETTERS without erasures. ONLY APPLICATION FORMS ACCOMPLISHED CORRECTLY AND COMPLETELY WILL BE PROCESSED.

COURSE APPLIED FOR (Preferred Course):**Course & Major:**

Bachelor of Science in Information Technology

ENTRY STATUS

- () Currently Enrolled as Grade 12 Student
() Senior High School Graduate
() ALS Passer (equivalent to Senior High)

Date of Graduation: _____
Year Graduated: _____
() Transferee from: _____

PERSONAL INFORMATION (Please print your name as written in your NSO/PSA Birth Certificate)

Name: De La Cruz Lloyd Cedrick Pacheco Ced
Last Name Given Name Middle Name Ext. Name Nickname
Gender: Male Civil Status: Single Date of Birth: April 4, 2004
Place of Birth: Manila, Philippines Citizenship: FILIPINO Religion: Islam
Cellphone Number: 09511906528 Email Address: delacruz.lc.bsinfotech@gmail.com
Permanent Address: 880 L. Sta. Rita St. Tondo Manila Barangay 11 Tondo I / Ii Metro Manila, First District 1012
No. Street Barangay City Province Zipcode
Residence: () With Parents () With Relatives () With Guardian () Boarding

Are you a member of any indigenous group? () YES (✓) NO If YES, please specify _____

FAMILY BACKGROUND

Father's Name: LLOYD LACANLALE DE LA CRUZ (✓) Living () Deceased
Occupation: Engineer Monthly Income: 50000 Contact No: 09181234567
Mother's Name: MARK ANTHONY ANNE MONTANO (✓) Living () Deceased
Occupation: Accountant Monthly Income: 45000 Contact No: 09221234567
Guardian's Name: MARK ANTHONY JOSE MONTANO JR. Relationship to the Applicant: Guardian
Occupation: Monthly Income: 0 Contact No: 09953242510

EDUCATIONAL BACKGROUND

Last school attended or where you are currently completing Secondary Level Education:

Name of School: _____

Complete Address: _____ Learner's Reference No.: 136456090247

Do you have any PHYSICAL DISABILITY OR CONDITION that requires special attention or

would make it difficult for you to take a regular test? (✓) NO () YES (specify): _____

ATTESTATION

I certify that the information given above is true, complete, and accurate to the best of my knowledge and belief. I promise to abide by the rules and regulations of Eulogio "Amang" Rodriguez Institute of Science and Technology regarding the ECAT and my possible admission. I am aware that any false or misleading information and/or statement may result in the refusal or disqualification of my admission to the Institution.

LLOYD CEDRICK PACHECO DE LA CRUZ

Applicant
(signature over printed name)

Date

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