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Pearl o	Education Ar of The Orient International I CONNECT * INNOVATION	Leaders & Educators Inc.	
		Academic Year:_	
Personal Information			
Name:			
Surname	Given Name	Middle Name	
Mailing Address:	- A		
Home Address:			
Date of Birth:	Birth Place:	Age:	
Gender: Hei	ght: We	e <mark>ight:</mark> _	
Civil Status:	Office Phone:	Mobile Phor	ne:
Email Address:			
MINISTRY			
Name of Church you Attende	ed:		
Church Address:			
Name of Pastor:			
Ministry you Involved:			

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Curriculum of Interest (Please Check One)

Certificate Programs

- () Certificate in Christian Evangelism
- () Certificate in Christian Ministry
- () Certificate in ECE & SPED Management
- () Certificate in Ministerial
- () Certificate in Advance Ministerial
- () Certificate in Associate Theology

Bachelor Programs

Bachelor Programs

- () Master in Theology
- () Master of Divinity
- () Master of Religious Education
- () Master of Christian Ministry in Complementary and Alternative Medicine Major in Naturopathy
- () Master of Christian Ministry Major in Christian Leadership
- () Master of Arts & Mission
- () Master in Christian Guidance & Counseling

Doctorate Program with Dissertation

Doctorate Program with Dissertation

- () Doctor of Christian Ministry
- () Doctor of Christian Ministry Major in Complementary And Alternative Medicine
- () Doctor of Theology
- () Doctor of Religious Education
- () Doctor of Philosophy Major in Christian Leadership & Management
- () Doctor of Philosophy Major in Biblical Studies
- () Doctor of Philosophy in Theology
- () Doctor of Philosophy in Christian Apologetics
- () Doctor of Philosophy in Philosophy in Religion
- () Doctor of Philosophy in Pastoral Ministry
- () Doctor of Philosophy Major in Pastoral Guidance & Counseling

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Educational Background			
High School:			
Year Graduated:	_		
College School:			
Course:	Year Gra	duated:	
Vocational School:	Course:_		
Year Graduated: Other		s School:	
Course:	Year Gradua	ted:	
School Requirements:			
 Pastor's Letter of Recommer Brief History of Conversion 	——————————————————————————————————————	Printed Name	
Student's Signature Over Printed N	- Name	Office of Dean for Academic Affairs Rev. Bobb M. Brimon Dced.DD Vice President	
	Approved By:		
	Office of the Presiden	t	
	Bishop Rodel R. Manzo, E	EdD, phD	
	National Presiden	t	

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Data Privacy Consent

I, the undersigned, consent to the **Data Privacy Policy of Pearl of the Orient School** in accordance with **Republic Act No. 10173** or the **Data Privacy Act of 2012**. I authorize the collection, use, storage, and processing of my personal data for legitimate educational purposes (e.g., participation in research, academic deliberations, competitions, communication of announcements) as set out in the school's official forms. I also allow the disclosure of my information to authorized parties including:

- School directors, officers, employees, and representatives;
- The school's affiliates or partner institutions;
- Other entities involved in school operations (e.g., event live-streaming, advertising, posting photos and videos on school platforms); and
- As required by law.

I hold **Pearl of the Orient School** and its representatives harmless from any claims resulting from my consent. Any issues regarding the use of my data shall be resolved amicably with the school before taking legal action.

Further, I agree to the collection, use, and sharing of my personal data (academic, medical, health, financial records, etc.) with the following:

	ed Representative	
	Name:	
Date:		