

Enclosure No. 1: Election Application Forms (EAF) of Student Organization

PAGEANT APPLICATION FORM (EAF) OF STUDENT ORGANIZATION

The Student Organization lives in the ideals, principles, and practices of participatory democracy. It represents the organization and ready to steer the student body towards the fulfilment of its goal by promoting its rights and welfare. As a student leader, this Certificate of Candidacy is a statement of your purest Intention and understanding in a position you are applying for.



I. PERSONAL DETAILS

Student’s Name: \_\_\_\_\_  
(Surname, Given Name, Middle Name, & Extension Name e.g., Jr., I, II,...)

Current Grade Level: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ Landline: \_\_\_\_\_

Home Address: \_\_\_\_\_

II. Student’s Status

|   |   |      |     |  |    |
|---|---|------|-----|--|----|
| 1. Has good Academic standing and has no failing grades in all subject areas? |   |      | YES |  | NO |
| Attested by:  |   |      |     |  |    |
|   | Class Adviser Name and Signature          | Date |     |  |    |
| 2. Is of Good Moral Character   |   |      | YES |  | NO |
| Attested by:  |   |      |     |  |    |
|   | EsP/Guidance Coordinator Name & Signature | Date |     |  |    |

III. Parental Consent

I, \_\_\_\_\_ as a parent/ guardian will support my son/daughter to the best of my ability as he/she commits to the School Pageant Activity.

I am allowing him/her to participate in the programs, projects, and activities of the Hosting Organization for Pageant Event

I agree and understand the commitment of my son/daughter and will support his/her endeavor to the School Pageant

\_\_\_\_\_  
Name and Signature of the Parent/Guardian

\_\_\_\_\_  
Contact Number

I am filing this Pageant Application Form of Pageant Organizer for school year 2022-2023

I hereby certify that the facts stated herein are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Candidate over Printed Name

IV. Leadership Capsule

**Direction:** Write your answer at the back of this form by answering the guide question. “What are your qualities that you believe can make a great representative?”

Verified by:

Approved by:

\_\_\_\_\_  
Screening and Validation Commissioner  
Date: \_\_\_\_\_

\_\_\_\_\_  
Event Organizer  
Date: \_\_\_\_\_