

#### OFFICE OF THE MUNICIPAL MAYOR

## STO. TOMAS EDUCATIONAL ASSISTANCE PROGRAM "EDUKASYON PAHALAGAHAN SAGOT SA KINABUKASAN"

# General Information (Senior High School)

No.		
	1 x 1 PHOTO	

NAME:(Last) (First)			CONTACT NO				
(Last)	(First)		(M.I.)				
DATE OF BIRTH:				SEX:			
PLACE OF BIRTH:			CITIZENSHIP:				
COMPLETE PRESENT ADDRES	S:						
NAME OF FATHER:		AGE:	OCCUPATION	N:			
NAME OF MOTHER:		AGE:	OCCUPATION	l:			
SCHOOL RECORD:							
HIGHEST YEAR COMPLETED:		GEN. WEIGHTED AVERAGE (HS/COLLEGE LEVEL):					
LAST SCHOOL/COLLEGE ATTER	NDED:						
SCHOOL ADDRESS:			·				
SCHOOL INTENDED TO ENROL	L:		ENTRANCE	EXAM RATING:			
COURSE/STRAND INTENDED TO	O TAKE:						

#### GRADES RECORD:

#### Senior High School

Monitoring of Grades	Gen. Average	No Failing Grades	W/ Failing Grades	Remarks	Final Assessment
SY					
Grade 11					
Grade 12					

### College

Monitoring of Grades	Gen. Average	No Failing Grades	W/ Failing Grades	Remarks	Final Assessment
First Year					
1 <sup>st</sup> Sem					
2 <sup>nd</sup> Sem					
Second Year					
1 <sup>st</sup> Sem					
2 <sup>nd</sup> Sem					
Third Year					
1 <sup>st</sup> Sem					
2 <sup>nd</sup> Sem					
Fourth Year					
1 <sup>st</sup> Sem					
2 <sup>nd</sup> Sem					
Fifth Year					
1 <sup>st</sup> Sem					
2 <sup>nd</sup> Sem					