



TO THE APPLICANT:

**PRINT** legibly all information required. Put ☒ marks in appropriate boxes. Only correctly and completely filled-out form will be accepted for processing.

PROGRAM COURSE: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

**NAME OF APPLICANT:** Print or type your full name in the following sequence: LAST NAME, FIRST NAME, and MIDDLE NAME. Place one letter in each box. Leave one box blank between names.

LAST																				
FIRST																				
MIDDLE																				

Attach a recent  
a 1x1 photo with  
white background

3. Date of Birth:   -   -

7. Religion:

4. Place of Birth:

8. Citizenship:

5. Sex: Female ☐ Male ☐

9. Mobile No.:

6. Civil Status: Single ☐ Married ☐ Widower ☐

10. Email Address:

11. Permanent Address:  12. Postal Code

13. Father:	14. Mother:	15. Guardian:
Occupation:	Occupation:	Occupation:
Company & Address:	Company & Address:	Company & Address:
Contact No./s:	Contact No./s:	Contact No./s:

16. Average Family Income (Monthly)

Please check one: 100,000 below ☐ 20,001 - 30,000 ☐ 30,001 - 40,000 ☐ 40,001 - 50,000 ☐ 50,001-100,000 ☐ 100,001 above ☐

17. Senior High School Track: _____	18. College (if any):/ALS GRADUATE	19. Member of Cultural Minority Group?
SHS Name	School Name	No _____ Yes _____
_____	_____	Do you have any physical disability or condition that requires special attention?
_____	_____	No _____ Yes _____
Address (Brgy. City Town, Province) Inclusive Dates _____	Address (Brgy. City Town, Province) Inclusive Dates _____ Program _____	(Specify attached certification of disability)

CONSENT

I am fully aware that Kolehiyo ng Lungsod ng Lipa is obligated under the Data Privacy Act of 2012 and its implementing Rules and Regulations (IRR) effective since September 8, 2016, to protect all my personal and sensitive information that it collects, processes, and retains upon my application for admission, enrolment, and during my stay in the College. Likewise, I am fully aware that KLL may share such information to affiliated or partner organizations as part of its contractual obligations, or with government agencies pursuant to law or legal processes. In this regard, I hereby allow KLL to collect, process, use and share my personal data in the pursuit of its legitimate academic, research and employment purposes and/or interests as an educational institution.

OATH

I hereby certify that all information supplied in this application form is complete and accurate. I also understand that any false information will disqualify me from being admitted to the College.

Date

Signature of Applicant

Date

Signature of Parent/Guardian