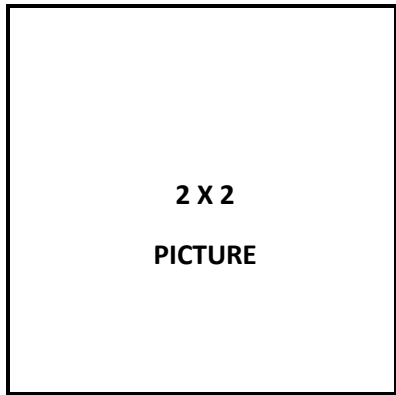




The Manila Times College of Subic

George Dewey Complex, Subic Gateway District,, Subic Bay Freeport Zone, Olongapo City 2222, Philippines
Email Address: admissions@tmtc.edu.ph / Tel. No. (047) 250-0228



BASIC EDUCATION APPLICATION FORM

Please fill out completely. All fields are required.

SUBIC

Application Status:

Preschool

Grade School

Junior High School

Grade Level: _____ A.Y. _____

PERSONAL INFORMATION

Last Name					First Name					Middle Name				
Age:			Gender:			Civil Status:			Citizenship:					
Date of Birth (mm/dd/yy):					Place of Birth:					Religion:				
Home Address:														
Postal Code:										Country:				
Home Phone No.:							Mobile Phone No.:							
Fax No.:							Email Address:							
Passport Number (for non-Filipino Citizens):														
Date of Issue (mm/dd/yy):							Place of Issue:							
Languages spoken at home:														
1. _____														
2. _____														
3. _____														

EDUCATIONAL BACKGROUND

School Last Attended:														
School Address:														
Grade Level Last Attended:							Academic Year:							

PARENTS OR LEGAL GUARDIAN'S INFORMATION

FATHER							MOTHER/LEGAL GUARDIAN							
Name:							Name:							
Age (if deceased, indicate when):							Age (if deceased, indicate when):							
Profession:							Profession:							
Citizenship:							Citizenship:							
Home Address:							Home Address:							
Home Phone No.:							Home Phone No.:							
Mobile Phone No.:							Mobile Phone No.:							
Email Address:							Email Address:							

EMERGENCY CONTACT

Name:							Relationship:							
Address:							Contact No.:							

HEALTH INFORMATION

Does your child have any of the following conditions?

Allergies to food/medicine Asthma

Head, ears, eyes, nose, throat concerns Others: _____

SPECIAL LEARNING NEEDS:

ADHD Autism Others: _____

Additional Information: _____

Parent's signature over printed name

Date

EDUCATIONAL BACKGROUND

GRADE SCHOOL

JUNIOR HIGH SCHOOL

School Name:

School Name:

School Address:

School Address:

Year of Graduation:

Year of Graduation:

Honors Received:

Honors Received:

List of Honors/Awards for Academic Excellence or Special distinction received: _____

Special talents and/or skills:

Were you ever dismissed, suspended, or placed on Disciplinary Probation?

YES

NO

If YES, please give details (offense, date, penalties): _____

HEALTH INFORMATION

please attached Medical Reports/History/Clearance if applicable

Do you have any medical and/or health conditions that could affect your ability to participate in certain school activities?

YES NO If YES, please explain in detail. _____

Do you have any emotional psychological, or other learning difficulties that could affect your ability to participate in a classroom setting?

YES NO If YES, please explain in detail. _____

REFERENCE INFORMATION

Choose person that is not related to you

Name	Occupation	Address	Contact No.

Which of the following influenced your decision to apply and study at The Manila Times College of Subic (TMTCS)?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Parents/Relatives | <input type="checkbox"/> Friends | <input type="checkbox"/> School Counselor/Teacher | <input type="checkbox"/> TMTCS Representative |
| <input type="checkbox"/> Flyers | <input type="checkbox"/> Newspaper Ads | <input type="checkbox"/> Referral | |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Location | <input type="checkbox"/> Academic Reputation | <input type="checkbox"/> Others: |

Whose choice is this? _____

VERIFICATION/AUTHORIZATION

FOR ALL APPLICANTS

I have carefully read the contents of the application from. I certify that the information given herein is correct and complete. Falsification, misrepresentation or withholding or information requested in this form will automatically nullify my application and/or subject me to dismissal from THE MANILA TIMES COLLEGE OF SUBIC (TMTCS).

This also authorizes any school I have previously attended to release any information/record requested by TMTCS in relation to this application. The college may use such information in the processing of the above mentioned application.

Consent Form: I hereby agree to provide my personal information as defined by the Data Privacy Act of 2012 (R.A. 10178) to The Manila Times College of Subic (TMTCS) for it to be processed in relation to my admission/enrollment in TMTCS in accordance with the School's privacy statement and their policies and procedures. This agreement shall be valid from the date of my personal information is collected until the period of my personal information disposal, or until such time that I submit a written revocation/cancellation of this agreement to the School, whichever comes first. By placing my name in this Consent Form, I hereby acknowledge that I have understood the context of this Data Privacy Statement of The Manila Times College of Subic.

Parent/Guardian's signature over printed name/ Date

Applicant's signature over printed name/Date