



SAINT LOUIS UNIVERSITY
Laboratory Elementary School
Baguio City

APPLICATION FORM FOR TESTING ONLY
For School Year _____

Applicant No.: _____

Date: _____

FOR GRADE: _____

Name of Applicant (PRINT) : _____
(Family Name) (First Name) (Middle Name)

Sex: _____ Citizenship: _____ Religion: _____

Place of Birth: _____ Date of Birth: _____

Place of Baptism: _____ Date of Baptism: _____

School where applicant is currently enrolled in: _____

School's Address: _____

Name of Father: _____ Occupation: _____

Name of Mother: _____ Occupation: _____

Parents' Address: _____ Tel. No.: _____

Name of Guardian (in the absence of both parents): _____

Guardian's Address: _____ Tel. No.: _____

Business / Office Address of:

Father: _____ Tel. No.: _____

Mother: _____ Tel. No.: _____

Guardian: _____ Tel. No.: _____

IMPORTANT: Please check and fill-in the necessary information, if applicable:

FATHER is an Employee of Saint Louis University in the
Department of _____

MOTHER is an Employee of Saint Louis University in the
Department of _____

Name(s) of Brother(s) / Sister(s) enrolled in SLU Lab. Elem. School for the current school year:

Name	Grade and Section
_____	_____
_____	_____
_____	_____
_____	_____

Accomplished by: _____
Signature above Printed Name

I am the _____ of the child named above.

Remarks: _____