



**Concordia College, Inc.**  
Higher Education Department  
Tel. No. (02) 8518 – 2397 & (02) 8518 - 2398  
Website: <https://laconcordia.edu.ph/>  
E-Mail: [admin@laconcordia.edu.ph](mailto:admin@laconcordia.edu.ph)

Attach 2"x2"  
Colored Picture

The photograph must be taken  
within the last three (3) months  
from the date of application.

A scanned photograph is not  
allowed.

Guidance Office Copy

**APPLICATION FOR ADMISSION**  
**HIGHER EDUCATION DEPARTMENT**  
**Academic Year: 20\_\_ - 20\_\_**

**Name:** \_\_\_\_\_  
*Surname First Name Middle Name M.I. Used*

**Course:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Application for:** \_\_\_\_\_ First Semester \_\_\_\_\_ Second Semester // \_\_\_\_\_ First Year \_\_\_\_\_ Transferee

**Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
*Month Day Year*

**Present Address:** \_\_\_\_\_

**Tel. Number:** \_\_\_\_\_ **Mobile Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_ **Civil Status:** \_\_\_\_\_

	<b>Father</b>	<b>Mother</b>	<b>Guardian</b>
<b>Name:</b>	_____	_____	_____
<b>Contact Number:</b>	_____	_____	_____
<b>Address:</b>	_____	_____	_____

<u>Educational Background</u>	<u>School</u>	<u>School Address</u>	<u>Inclusive Years</u>
Elementary	_____	_____	_____
Junior High School	_____	_____	_____
Senior High School	_____	_____	_____
College	_____	_____	_____

**How did you get to know Concordia College, Inc.?** \_\_\_\_\_

**Who will spend for your studies?** \_\_\_\_\_ **State your relationship:** \_\_\_\_\_

**Are you under any scholarship/educational plan?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, name of the scholarship grant/ educational plan:** \_\_\_\_\_

**Credentials Presented:** *(Photocopies only - Credentials submitted in support of this application become the property of the school and will not be returned to the applicant.)*

- |  |  |
|--|--|
| <input type="checkbox"/> Report Card / Form 138  | <input type="checkbox"/> PSA Birth Certificate   |
| <input type="checkbox"/> Transcript of Records (for transferees)                                   | <input type="checkbox"/> Baptismal Certificate or equivalent certification for non-Catholics |
| <input type="checkbox"/> Honorable Dismissal or Cert. of Eligibility to Transfer (for transferees) | <input type="checkbox"/> Medical Certificate   |
| <input type="checkbox"/> Good Moral Character Certificate  | <input type="checkbox"/> Latest 2 pcs 2x2 ID Picture   |

**Data Privacy Clause:** I understand and agree that by filling-out this form I am allowing Concordia College, Inc. to use, collect, and disclose my personal information for Enrollment Application and to store it as long as necessary for the fulfillment of the stated purpose in accordance with the applicable laws, including the Data Privacy Act of 2012 and its Implementing Rules and Regulations, and the School Rules and Regulations. The purpose and extent of use, collection, sharing and disclosure, and storage of my personal information is explained to me.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date

-----Concordia College, Inc. Admissions Office-----

Entrance Exam OR No: \_\_\_\_\_  
Date of Entrance Exam: \_\_\_\_\_  
Release of Test Results: \_\_\_\_\_  
Interviewed by: \_\_\_\_\_

Application Form Received by: \_\_\_\_\_  
Date: \_\_\_\_\_



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Registrar's Office Copy

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