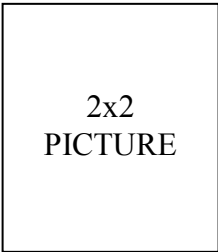


**CONCORDIA COLLEGE  
COMMUNITY EXTENSION SERVICES (CES)  
1739 Pedro Gil St. Paco, Manila**



**ALTERNATIVE LEARNIG SYSTEM  
APPLICATION FORM**

**I. PERSONAL DATA**

NAME (PRINT): \_\_\_\_\_  
                                 SURNAME                                FIRST NAME                                MIDDLE NAME  
 BIRTHDAY: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_  
 CIVIL STATUS: \_\_\_\_\_ RELIGION: \_\_\_\_\_ NATIONALITY: \_\_\_\_\_  
 CITY ADDRESS: \_\_\_\_\_  
 PROVINCIAL ADDRESS: \_\_\_\_\_  
 TELEPHONE NO.: \_\_\_\_\_ MOBILE PHONE NO.: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_  
 OCCUPATION: \_\_\_\_\_ AVERAGE MONTHLY INCOME: \_\_\_\_\_

**II. FAMILY BACKGROUND**

\*FATHER'S NAME: \_\_\_\_\_  
 NATIONALITY: \_\_\_\_\_ RELIGION: \_\_\_\_\_ CONTACT NO. \_\_\_\_\_  
 HIGHEST EDUCATIONAL ATTAINMENT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
 AVERAGE MONTHLY INCOME: \_\_\_\_\_

\*MOTHER'S NAME: \_\_\_\_\_  
 NATIONALITY: \_\_\_\_\_ RELIGION: \_\_\_\_\_ CONTACT NO. \_\_\_\_\_  
 HIGHEST EDUCATIONAL ATTAINMENT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
 AVERAGE MONTHLY INCOME: \_\_\_\_\_

\*GUARDIAN'S NAME: \_\_\_\_\_  
 NATIONALITY: \_\_\_\_\_ RELIGION: \_\_\_\_\_ CONTACT NO. \_\_\_\_\_  
 HIGHEST EDUCATIONAL ATTAINMENT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
 AVERAGE MONTHLY INCOME: \_\_\_\_\_

\*OTHER SOURCES OF FAMILY INCOME: \_\_\_\_\_  
 NO. OF CHILDREN/DEPENDENT IN THE FAMILY (INCLUDING YOU) \_\_\_\_\_  
 MARITAL STATUS OF PARENTS: \_\_\_\_\_

NAMES OF BROTHERS/ SISTERS	AGE	CIVIL STATUS	ADDRESS	EDUCATION	OCCUPATION	INCOME
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**III. EDUCATIONAL BACKGROUND**

	SCHOOL	ADDRESS	INCLUSIVE YEARS
ELEMENTARY:	_____	_____	_____
HIGH SCHOOL:	_____	_____	_____

LAST YEAR LEVEL ATTENDED: \_\_\_\_\_

**IV. SOCIO-ECONOMIC CONDITION**

\* TOTAL FAMILY INCOME

- ( ) P 500-1000.00      ( ) P 2,000-5,000.00      ( ) P 8,000-10,000.00      ( ) P 15,000- 20,000.00
- ( ) P 1,000- 20,000.000      ( ) P 5,000- 8,000.00      ( ) P 10,000- 15,000.00      ( ) P 20,000.00 and up

**\* MONTHLY EXPENCES**

\_\_\_\_\_ ( ) LOT \_\_\_\_\_ ( ) WATER  
\_\_\_\_\_ ( ) HOUSE \_\_\_\_\_ ( ) ELECTRICITY  
\_\_\_\_\_ ( ) FOOD \_\_\_\_\_ ( ) MEDICINE \_\_\_\_\_ ( ) OTHERS

**\* APPLIANCES AVAILABLE**

( ) TELEVISION ( ) REFRIGERATOR ( ) WASHING MACHINE  
( ) CASSETTE/ CD PLAYER ( ) COMPUTER/LOPTOP ( ) RICE COOKER  
( ) ELECTRIC FAN ( ) AIRCON \_\_\_\_\_ COOKING FACILITIES  
\_\_\_\_\_ BR/CR FACILITIES

**\* HOUSING CONDITION**

( ) OWNED ( ) SQUATTING ( ) RENTED \_\_\_\_\_ OTHERS

**\* TYPES OF DWELLING**

( ) CONCRETE ( ) SEMI-CONCRETE ( ) BUNGALOO ( ) DUPLEX ( ) WOOD  
( ) LIGHT MATERAILS

**V. ASSESSMENT:**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_

**VI. RECOMMENDATIONS:**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_

**VII. ADDITIONAL INFORMATION:**

1. Reasons for: a. Dropping out: \_\_\_\_\_  
b. Taking ALS: \_\_\_\_\_  
c. Studying in this school: \_\_\_\_\_  
2. Talent/s:/Interest \_\_\_\_\_  
3. Names and Address of person not related to you: \_\_\_\_\_

**VIII. CREDENTIALS PRESENTED (Check if pertinent)**

( ) Form 138 or 137 ( ) Recommendation/ GMC ( ) Voter's Certificate / ID  
( ) Birth Certificate ( ) Barangay Certificate ( ) ID Pictures (1x1) 2 cps  
( ) IID Pictures (2x2) 4 cps. Others \_\_\_\_\_

I hereby certify that the information furnished are true and correct to the best of my knowledge.

SIGNITURE OF THE APPLICANT: \_\_\_\_\_  
SIGNATURE OF PARENT / GUARDIAN: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

DO NOT FILL UP THIS

MODE OF PAYMENT

SOCIALIZED FEES: \_\_\_\_\_

DATE	PAYMENT MADE	AMOUNT	OR NUMBER	BALANCE	REMARKS

DATES OF INTERVIEW \_\_\_\_\_ INTERVIEWER \_\_\_\_\_ ACTION TAKEN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNED:**

\_\_\_\_\_  
ALS Supervisor