

DAVAO DOCTORS COLLEGE, INC.

SENIOR HIGH SCHOOL PROGRAM
APPLICATION FOR ADMISSION

Recent
2 x 2
Colored
PHOTO

Instructions:

- 1. PRINT ALL INFORMATION CAREFULLY.
- 2. Name is based on NSO Birth Certificate and LCR.

Please Check:

ESC Grantee

QVR

NON ESC/QVR

ESC I.D. #

LRN : _____

Surname First Name Middle Name

Birthdate: _____ Age: ____ Civil Status: _____ Sex: Male Female
(mo/d/year)

Nationality: _____ Religion: _____ Tribe: _____ No. of siblings: ____

Birthplace: _____
Barrio / No. & Street Town/City Province

Davao City Address: _____

(If applicable) House No. / Street Mobile #: _____
Landline #: _____
Email address: _____
FB account: _____

SCHOOLS GRADUATED FROM:

Primary: _____ Yr. Grad: _____ Public Private
(Grade 4)
Address: _____

Elementary: _____ Yr. Grad: _____ Public Private
(Grade 6)
Address: _____

Junior High School: _____ Yr. Grad: _____ Public Private
(Grade 10)
Address: _____

Father's Name: _____ Email Add: _____ Occupation: _____
Address: _____ Tel. No. / Mobile No. _____

Mother's Name: _____ Email Add: _____ Occupation: _____
Address: _____ Tel. No. / Mobile No. _____

Guardian's Name: _____ Email Add: _____ Occupation: _____
Address: _____ Tel. No. / Mobile No. _____
Relationship: _____

I hereby testify that the above information is true and correct and that any false statement found herein will be sufficient cause for disqualifying me for admission.

Student
Signature Over Printed Name

Parent / Guardian
Signature Over Printed Name

FOR FOREIGN STUDENT ONLY:

Citizenship: _____ Type of VISA: _____ ACR No. _____

" Aestimamus Vitam"
" We Value Life"