

College of Education

P. Prieto St., Batangas City, Batangas
Tel. No. (043) 723-2663 loc. \_\_\_
Website: www.goldengatecolleges.net Email: \_

Attached 2 X 2 Picture here

STUDENT'S DATA QUESTIONNAIRE/APPLICATION FORM																				
Application Date: Application Type: ☐ New ☐ Transferee ☐ Cross-enrollee																				
Program Preference:																				
BEED (Bachelor of Elementary Education)  BSED-English (Bachelor in Secondary Education major in English)  BSED-Math (Bachelor in Secondary Education major in Math)  BSED-Filipino (Bachelor in Secondary Education major in Filipino)																				
PERSONAL INFORMATION: Print legibly. Mark appropriate boxes with "X".																				
LAST NAME:																				
FIRST NAME:																				
MIDDLE NAME:											NA	ME E	XTE	NSIO	N (E.	.G. Jr	., Sr.)	: [		
SEX: Male Female CITIZENSHIP: RELIGION: AGE:																				
DATE OF BIRTH (mm/dd/yyyy): PLACE OF BIRTH:									CIV	/IL S	TAT	ΓUS:								
PRESENT ADDRESS: ZIP CODE:																				
PERMANENT ADDRESS: POSTAL CODE:																				
TELEPHONE NO.: MOBILE NO.: EMAIL (if any):																				
FAMILY BACKGROUND (Use separate sheet if necessary)																				
	NA	NAME			AGE CITIZENSHIP			STATUS ED			HIGHEST EDUCATIONAL OF ATTAINMENT			00	OCCUPATION		MONTHLY INCOME			
FATHER:																				
MOTHER:																				
SIBLINGS:																				
PARENTS' ADDRESS: (Fill – out only this portion if applicant is living with Guardian)																				
GUARDIAN'S NAME:  RELATIONSHIP:																				
OCCUPATION:						CONTACT NO.:														
ADDRESS:																				
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: CONTACT NO.:																				

EDUCATIONAL BACKGROUND											
	NAME OF SCH	DOL	SCHOOL ADDRESS	INCLUSIVE DATES	GEN. AVE.						
JUNIOR H.S.:											
SENIOR H.S.:											
TERTIARY S.:											
GRADUATE S.:											
HONORS/AWARDS	S RECEIVED:										
HOBBIES/TALENTS:											
SOCIAL ACTIVITY/AFFILIATION											
NAME OF (	ORGANIZATION	PC	OSITION	INCLUSIVE YEARS							
Any health problem that may affect the performance in school:  Are you under a medication maintenance program? Yes No If yes, please specify:  Physical Deformities Vision Hearing Others (please specify):  Why I chose to enroll at Golden Gate Colleges											
I further affirm that all information supplied herein are complete and accurate. I am aware that any on all of the information furnished in this application may be checked against original documents and that giving or withholding or giving false information will make me ineligible for admission or subject to dismissal. If admitted, I agree to abide by the policies, rules and regulations of the Golden Gate Colleges.  Date Student's Signature Date Parent's Signature											
To be filled out by GG	C Staff.										
SUBMITTED CREDENTIALS  [ ] Form 138 (Report Card)/ Transcript of Records (TOR)/ Certificate of Grades  [ ] Certificate of Good Moral Character [ ] Honorable Dismissal [ ] Photocopy of Marriage Contract (if married) [ ] Photocopy of NSO Authenticated Birth Certificate [ ] Pictures [ ] NCAE Results  Interviewed by:  Signature over Printed Name/Date  [ ] Accepted  [ ] On Probation											
Sigr	nature over Printed Name	/Date	[ ] Accepted [ ] On Prob								
Designation:			Received by:								