



	NAME OF SCHOOL	SCHOOL ADDRESS	INCLUSIVE DATES	GEN. AVE.
GRADUATE S.:				

HONORS/AWARDS RECEIVED: \_\_\_\_\_  
 \_\_\_\_\_

HOBBIES/TALENTS: \_\_\_\_\_  
 \_\_\_\_\_

**SOCIAL ACTIVITY/AFFILIATION**

NAME OF ORGANIZATION	POSITION	INCLUSIVE YEARS

**HEALTH RECORD**

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 GGC 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

Admission Status:  
 Accepted  On Probation

Designation: \_\_\_\_\_

Received by: \_\_\_\_\_