



# ACADEMIA DE LIPA

M.K. Lina Street, Brgy. San Sebastian, Lipa City, Batangas  
 (043) 772 0526 | +63 943 706 4246 | +63 917 578 5712  
 academiadelipa.com

## OFFICE OF ADMISSIONS Application for Admission

Legal Name: \_\_\_\_\_  
 (in Birth Certificate) LAST NAME FIRST NAME MIDDLE NAME

Incoming Preferred  ABM  TVL-ICT  
 Grade: \_\_\_\_\_ SHS Strand  STEM  TVL-HE  
 (IF APPLICABLE):  HUMSS

### APPLICATION CHECKLIST

- Completed Application for Admission Form (This form)
- Two (2) recent colored ID pictures (1"x1") - one pasted, and one clipped to this application form
- Photocopy of report card year from the last school year attended
- Academia de Lipa Admission Test to be taken on-site
- Admission Committee's Interview with the candidate with one of his/her parents

**Paste one (1)  
 1"x1" Photo here.  
 Use a paper clip  
 for the other  
 photo.**  
 Write your name at the  
 back of the photo.

### INSTRUCTIONS

Print your answers legibly. Write **N/A** if the information required is not applicable. Submit all requirements in a **long brown envelope**. Documents filed in support of this application become the property of Academia de Lipa and will not be returned to the candidate.

### PERSONAL INFORMATION

Permanent Address: \_\_\_\_\_  
BUILDING NO.&NAME STREET NO. & NAME SUBDIVISION & BARANGAY CITY/MUNICIPALITY & PROVINCE ZIP CODE

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Email Address: \_\_\_\_\_  
DD - MMM - YYYY CITY

Telephone Number: ( \_\_\_\_\_ ) Mobile Number: \_\_\_\_\_

Citizenship:  Filipino  Dual (specify: \_\_\_\_\_)  Other (specify: \_\_\_\_\_) Gender:  Male  Female

### FAMILY DATA

	Father	Mother
Name		
Contact Number		
Occupation		
Work Address		
Name of Employer/Business		

Parents are:  Together  Separated  Widowed  Not Married  Marriage Annulled  
 Applicant Lives With:  Both Parents  Father  Mother  Guardian (specify: \_\_\_\_\_)

	Stepparent/Guardian (if applicable)
Name	
Contact Number	
Occupation	
Work Address	
Name of Employer/Business	

Name of Brothers and Sisters	Age	School or Occupation

### SCHOLASTIC BACKGROUND

List all schools you attended beginning from the lowest grade:

Name of School	Location	From Grade	To Grade	From SY	To SY

**Continue to Page 2 at the back. Do not write below this line.**



List any skills, sports, academic subjects, or other fields that you excel at:	List any honors or awards you have received:
List all your extra-curricular activities, including positions held:	List your community or church activities:

**Answer the following questions by crossing the corresponding box:**

Did you ever repeat a grade level?	YES	NO	If YES, provide details:
	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Were you ever dismissed, denied re-admission, or placed on probation status in any school?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Do you have any disabilities that might affect your learning? (sickness, deficiencies, etc.)	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Have you ever been forced to stop schooling for a month or more?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____
Have you ever been convicted of a crime?	<input type="checkbox"/> Y	<input type="checkbox"/> N	_____

**SIGNED DECLARATION**

New students are only considered temporarily enrolled. To be completely admitted, ADL must receive the student's Transcript of Records (Form 137) from his/her previous school, must be transferred out from his previous school, and transferred in to ADL through the Learner Information System (LIS). Failure of the student and his/her parents to ensure that the transfer documents are completed may result in the revocation of admission, ineligibility of graduation, and subsequent denial of release of grades and other credentials.

**We hereby certify that all information written in this application is complete and accurate, and authorize Academia de Lipa any use of data in this form. We understand that misrepresentation or withholding of information is sufficient reason for refusal of admission and exclusion.**

STUDENT'S SIGNATURE	FATHER'S SIGNATURE	MOTHER'S SIGNATURE	DATE SIGNED
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**DO NOT WRITE BELOW THIS LINE**

**ACTION TAKEN**

**ADMISSION RESULTS**

Admissions Matrix	3	2	1	0	Score
Scholastic Performance	91-100	85-90	80-84	below 80	
Entrance Examination (Score: ____/____)	35-50	25-34	16-24	0-15	
Extracurriculars	With Awards	Club Officer	None	Red Flags	
<b>Status:</b> <input type="checkbox"/> <b>ACCEPTED</b> <input type="checkbox"/> <b>CONDITIONAL</b> <input type="checkbox"/> <b>REJECTED</b>					<b>Total Score:</b>
Conditions and Other Remarks:					
<b>Applicable Voucher:</b> <input type="checkbox"/> NONE <input type="checkbox"/> ESC <input type="checkbox"/> SHSVP - Public <input type="checkbox"/> SHSVP - Private					

PRINCIPAL APPROVAL	DATE SIGNED	ADMIN APPROVAL	DATE SIGNED
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**CERTIFICATE OF ADMISSION**

ADL App No. \_\_\_\_\_ Date Issued: \_\_\_\_\_

Congratulations on being accepted into Academia de Lipa! We look forward to your years with us as we prepare a generation of nation-builders in the school's culture of excellence. This certificate is valid only on the school year in which you have applied for, and must be presented upon reservation or enrollment to confirm your slot. Please note that enrollment slots and scholarships are given on a first-come, first-served basis. **Welcome to ADL!**

NAME OF STUDENT	SCHOOL YEAR	INCOMING GRADE	PREFERRED SHS STRAND (IF APPLICABLE)
LAST NAME                      FIRST NAME                      MIDDLE NAME			<input type="checkbox"/> ABM <input type="checkbox"/> TVL-ICT <input type="checkbox"/> STEM <input type="checkbox"/> TVL-HE <input type="checkbox"/> HUMSS
TUITION GRANT	APPLICABLE VOUCHER <input type="checkbox"/> None <input type="checkbox"/> JHS ESC <input type="checkbox"/> SHSVP - Public <input type="checkbox"/> SHSVP - Private	OTHER CONDITIONS FOR ADMISSION	PROCESSED BY  PRINTED NAME OVER SIGNATURE                      DATE SIGNED