



Admissions Center
 2544 Taft Avenue, Manila, Philippines 1004
 Tel Nos: (+63) 230-5100 1801 to 1803
 Email: admissions@benilde.edu.ph
 Website: admissions.benilde.edu.ph
 Office Hours: Mon-Fri. 8:00am-12:00nn
 & 1:30pm-5:00pm/Sat. 8:00am-12:00nn

(As stated in Birth Certificate. Please PRINT or TYPE.)

STUDENT APPLICANT Surname

First Name

Middle Name

Nickname

Gender Male Female

Secondary Scholastic Record

School: _____ Years Attended: _____ to _____

School Address: _____

To the Applicant: Write the information needed above and give this form to the Registrar's Office.

Verification/Authorization: I voluntarily and knowingly consent to the processing of the information contained in this form and its disclosure to De La Salle-College of Saint Benilde for purpose of assessing my application.

Printed Name and Signature of Applicant

Date

Printed name and Signature of Parent/Guardian

Date

To the Registrar: Please type the student's final grades for the following subjects. For failing grade/s, please indicate the summer grade/s. For letter grades, please indicate the numerical equivalent if available. If unavailable, please attach a copy of the grading system. Upon completion, please place your School Dry Seal to authenticate the information. Thank you very much.

SUBJECT	FINAL GRADES				AVERAGE (DO NOT FILL)
	Grade 7 SY ___ to ___	Grade 8 SY ___ to ___	Grade 9 SY ___ to ___	Grade 10 SY ___ to ___	
FILIPINO					
ENGLISH					
MATHEMATICS					
SCIENCE					
SOCIAL STUDIES					
CONDUCT/DEPORTMENT <small>If there are no conduc/deportment grades, please indicate the homeroom grades.</small>					

Note: Please submit certified true copy of Grade 11 Senior High School Report Grades (1st & 2nd Semesters).

GENERAL AVERAGE
(DO NOT FILL)

Certified Correct By:

Printed Name & Signature

Designation

Date

Contact Number

PLACE
SCHOOL DRY SEAL
HERE