St. Paul University Quezon City
(St. Paul University System)
Aurora Boulevard cor. Gilmore Avenue, Quezon City, Philippines 1112

Attach picture

GENERAL INFORMATION SHEET – BASIC EDUCATION

□ **NEW** □ **TRANSFEREE** □ **RETURNING** □ **FOREIGN STUDENT**

School Year: 20_____-20_____ *Please check one:* **Semester** □ 1st □ 2nd

LRN:	**Grade/Level Applied for:**	**Nickname:**
(For Incoming Grade 11 only) **TRACK:** _____	**STRAND**: _____	

Name	*Family*	*First*	*Middle*

Date of Birth *(mm/dd/yyyy)*	**Place of Birth**	**Citizenship**
Sex at Birth □ Male □ Female	**Civil Status**	**Religion**
Residential Address:		**Landline Number:**
Email Address:	**Mobile Number:**	

EDUCATIONAL BACKGROUND

Levels Attended	Name of School	Inclusive Years
Pre-Kinder | ECE		_____ to _____
Kinder		_____ to _____
Primary | Intermediate *(Grades 1 to 6)*		_____ to _____
Junior High School *(Grades 7 to 10)*		_____ to _____
Senior High School *(Grade 11 to 12)*		_____ to _____

Educational Benefit/Scholarship: □ **ESC/SHVP:** ₱_____ □ **Scholarship:** ₱_____ □ **Subsidy:** ₱_____

FAMILY BACKGROUND

	FATHER	MOTHER	GUARDIAN *(if any)*
Complete Name			
Date of Birth *(mm/dd/yyyy)*			
Religion			
SPCQ/SPUQC Alumni? *(If yes, year graduated)*			
Occupation			
Company/Business Name			
Personal Email Address			
Mobile Number			
Emergency contact?	□ Yes □ No	□ Yes □ No	□ Yes □ No

Has the applicant/learner been subjected to any disciplinary action? □ **Yes** □ **No**	*If yes, please specify:*
Are there any professional diagnoses about the applicant/learner's behavior? □ **Yes** □ **No**	*If yes, please specify:*
Are there any medical conditions/diagnosis about the applicant/learner that you wish to declare? □ **Yes** □ **No**	*If yes, please specify:*

I hereby certify that all I have indicated herein are true and correct. Any misinformation shall serve as ground for nullification of my admission and enrollment at SPUQC.

Signature over Printed Name of Applicant/Representative: *Date:*

Note: For minor applicants, this form shall be signed by a parent or legal guardian on their behalf.

DATA PROCESSING CONSENT

This form and its attachments are intended solely for authorized recipients. All personal and sensitive personal information collected shall be processed strictly in accordance with the Data Privacy Act of 2012 (RA 10173) and the University's institutional protection policies.

The information provided will be used exclusively for legitimate admissions and enrollment purposes, safeguarded with appropriate organizational, physical, and technical measures to ensure confidentiality and integrity. All unprocessed or unsuccessful admissions application documents shall be retained only for the period necessary to fulfill their purpose and, in line with institutional policy, will be securely disposed of after one (1) year.

As data subject, you are entitled to exercise your rights RA 10173. Requests to exercise these rights may be directed to the University's Data Protection Officer.

I have read, understood, and agree to the statements above, and I consent to the processing of my/our personal data for the purposes indicated.

Signature over Printed Name of Applicant/Representative
Date Signed: _____

Note: For minor applicants, this form shall be signed by a parent or legal guardian on their behalf.