



# LPU

LYCEUM OF THE PHILIPPINES UNIVERSITY  
MANILA • MAKATI • BATANGAS • LAGUNA • CAVITE • DAVAO

APN: \_\_\_\_\_

## SENIOR HIGH SCHOOL

ADMISSION EXAM APPLICATION FORM

FM-LPL/LPU-SC-GUID-45a

REVISION No.: 02

REVISION DATE: November 2017

1. Completely fill out all items below in black ink.
2. Applicant Information area may be filled out by the student applicant, other sections may be filled-out by the parent or guardian accompanying the applicant.
3. Once done, present this form to the Admission officer for encoding and proceed to the Treasury Office for the payment of the Entrance Exam Fee.
4. Present your form and receipt to the Guidance and Testing Center on the day of the exam.

### APPLICANT INFORMATION

NAME \_\_\_\_\_  
 FAMILY NAME \_\_\_\_\_ GIVEN NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
 BLK/LOT/HOUSE/UNIT No. \_\_\_\_\_ BUILDING/STREET NAME/SUBDIVISION \_\_\_\_\_ BARANGAY \_\_\_\_\_ CITY/MUNICIPALITY/PROVINCE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ RELIGION \_\_\_\_\_ GENDER \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_ LANDLINE No. \_\_\_\_\_ NATIONALITY \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ CONTACT No. \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ CONTACT No. \_\_\_\_\_

If parent's are not available:  
 GUARDIAN'S NAME \_\_\_\_\_ CONTACT No. \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PROGRAM APPLIED (✓)

ABM

STEM

HUMSS

### ACADEMIC INFORMATION

PRE-ELEMENTARY	_____	YEARS ATTENDED	_____
ELEMENTARY	_____	YEARS ATTENDED	_____
JUNIOR HIGH SCHOOL	_____	YEARS ATTENDED	_____
SENIOR HIGH SCHOOL	_____	YEARS ATTENDED	_____

*\*For Transferee*

How did you find out about LPU?

Referred  
  LPU Website  
  Flyer  
  Twitter  
  Facebook  
  Instagram  
  Billboard ad (where) \_\_\_\_\_  
 Poster (where) \_\_\_\_\_  
 Career Orientation \_\_\_\_\_

### CERTIFICATION

I certify on my honor to the correctness of the foregoing and I authorize LPU to verify all information supplied herein. I fully understand that misinterpretation of any information supplied herein will be considered sufficient reason for refusal of my admission or may jeopardize my continued stay after admission has been granted.

\_\_\_\_\_  
Signature over printed name of Applicant

### ADMISSION TEST DETAILS

Examination Date \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Room \_\_\_\_\_  
 Receipt No. \_\_\_\_\_

Thank you for choosing



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