



*Holy Trinity Academy of Calamba, Inc.*  
**A DEPED RECOGNIZED AND ESC CERTIFIED SCHOOL**  
 Brav. Barandal, Calamba City, Laguna  
 Contact Nos: (049)502-3785/0999-872-1945  
*Shepherding the Heart and Training the Mind*



**STUDENT APPLICATION FORM**  
**SY 20\_\_ -20\_\_**

<b>STUDENT INFORMATION</b>			
Name:			
Last Name		First Name	Middle Name
LRN:		Age:    Grade Level:	Birthdate:(MM/DD/YY)
Religion:	Gender:	Messenger:	Email:
Address:			Contact Number:
<b>PREVIOUS SCHOOLING</b>			
Kinder:: Name of School:		Grade level completed/SY	
Elem:: Name of School:		Grade level completed/SY	
HS: Name of School:		Grade level completed/SY	
<b>PARENTS/GUARDIAN INFORMATION</b>			
Father or Guardian's name:			
Last Name		First Name	Middle Name
Age:	Current Occupation	Contact Number:	
Address:			
Messenger:		Email:	
Mother's maiden name::			
Last Name		First Name	Middle Name
Age:	Current Occupation	Contact Number:	
Messenger:		Email:	

### SIBLING INFORMATION

Name:	Age:	School Name:	Grade level completed:
Name:	Age:	School Name:	Grade level completed
Name:	Age:	School Name:	Grade level completed
Name:	Age:	School Name:	Grade level completed

### EMERGENCY CONTACT INFORMATION

Name:	Contact No/s:
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### AWARDS AND HONORS

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### DISCIPLINARY CONCERNS

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### PLEASE CHECK ALL.

- I hereby certify that all the information provided is true and correct.
- I agree to allow Holy Trinity Academy of Calamba to use the information provided for school operations and as required by the Department of Education in compliance with government regulations.
- I understand that the data provided is subject to the Data Privacy Policy and Terms of Agreement of Holy Trinity Academy of Calamba.

Signature over printed name of Parent or guardian

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Date:

Signature over printed name of student

Date:

Regarding payment, we accept cash payments, payments through GCASH and bank deposits to our PNB account.

