## DE LA SALLE-COLLEGE OF SAINT BENILDE

## Center for Admissions





Name of Applicant:				Sex:	
Naha ali	Surname	First name	Middle name	.d. 4-	
			Years Attende	ed: to	
		Learner Refer	ence Number:		
erification/Authorizati	on: I voluntarily and knowing			d in this form and its disclosure	
Benilde Center for Adr	missions for purpose of asse	ssing my application.			
Printed Name & Signature of Applicant		Date Printed na	ame and Signature of Parent/Guardian Date		
rade/s. Thank you very		des for the following grade leve	els. For failing grade/s, plea	ase indicate the summer	
Grade Level	-	ool Year Attended	Final (	Final General Average	
10					
11					
Overall Average					
Grade Level	Grade Level School Year Attended		r Grade / Numerical Grade / Descriptive Grade Percentage I		
11					
Overall Average					
Any falsification and enrollment.     If already gradua written statemen	, misrepresentation, or withho ated in Senior High School and t of what you did after graduat	t an apostille/authenticated Tran olding of information requested d/or stopped schooling after SH tion up to the present duly sign the F-137 was not forwarded to	in this form will automatical IS, submit (a) clear copy of the ed by the applicant and pare	ly nullify my application he Grade 12 Report Card (b) ent (c) printed certification	
Certified Correct By:					
Printed Name & Signature			PLACE SCHOOL DRY	SEAL	
Designation			HERE	-	
	Date	<del></del>			
	Contact Number	<del></del>			