DE LA SALLE-COLLEGE OF SAINT BENILDE

Center for Admissions SCHOLARSHIP GRADE FORM



Name of Applicant:						_Sex:
	Surname	First na			lle name	
School:					Years Attended:	to
School Address:						
Senior High School Strand:		L6	arner Ketere	ence Numbe	r:	
To the Applicant: Write the	e information needed above	and give this for	m to the Reg	istrar's Offic	9.	
Verification/Authorization to Benilde Center for Admis				f the informa	tion contained in this fo	orm and its disclosur
Printed Name & S	Date	Printed name and Signature of Parent/Guardian			an Date	
To the Registrar: Please ty grade/s. Thank you very mu	uch.					ate the summer
Grade Level	Sc	chool Year Atten	nool Year Attended		Final General Average	
7						
8						
9						
10						
11						
Overall Average						
NOTE: Applicants who stu	died abroad should submit	t an apostille/aut	henticated Tr	ranscript of	Records by the Philipp	ine Foreign Service
Certified Correct By:						
Printed N			S	PLACE CHOOL DRY SEAL		
Designation					HERE	
Date						
Contact Number						