**STI Application Form**

Application Information

School year: Semester:

Course applying for:

Enrolling as: _Freshman _Transferee _Cross Enrolee

Personal Information

Surname: Given name: Middle name:

Date of birth: Citizenship: Mobile Number:

Sex: Civil Status: E-mail Address:

Address: Tel:

Father's name: Occupation:

Address: Tel:

Mother's name: Occupation:

Address: Tel:

Guardian's name: Occupation:

Residential Address: Tel:

Educational Background

*Elementary*
Year level: Name and Address of School: Year attended:
_____ _____ _____

*High School*
Year Level: Name and Address of School: Year attended:
_____ _____ _____

How did you find out or learn about STI? (check all applicable answers)

_Alumni _School Website _Advertisement
_School Brochure _Career Orientation Seminar _Friends
_Others (please specify) _____

_I hereby certify all the information I have indicated herein is true and correct. Any misinformation, if found, may serve as grounds for the nullification of my entire enrolment at STI.