



Republic of the Philippines
J. H. CERILLES STATE COLLEGE
 Mati, San Miguel, Zamboanga del Sur, 7029

Paste 2"x2" ID Photo
 in white background,
 with NAME TAG.
**Important: DO NOT
 STAPLE.** (Use glue or
 Paste).

JHCSC- COLLEGE ADMISSION TEST

APPLICATION FORM

Date: _____

Requirements:

1. Certification from High School Principal that the applicant is a Grade 12 student, or Form 138-A (Report Card) for out-of-school youth;
2. Two (2) copies 2"x2" ID pictures; with complete name tag and white background;
3. Signed Student Consent Form; and
4. Duly accomplished Application Form.

NOTE: Upload all the requirements at your JHCSC-College Admission Test Account (www.online.jhcsc.edu.ph).

Instruction: Accomplish this form carefully. Make sure you double check that every required information is complete, correct, and accurate. Any wrong information can be ground for disqualification in either taking the exam or in admission to JHCSC. DO NOT LEAVE any blank unfilled, ELSE, your application will not be processed.

I. JHCSC CAMPUS/ OFFSITE PREFERENCE

	Chosen JHCSC Course	Chosen Campus/ Extension Class
1 st Choice		
2 nd Choice		
3 rd Choice		

PREFERRED TESTING SITE:

- () Main Campus
 () Pagadian Annex
 () Dumingag Campus
 () Canuto MS Enerio Campus

II. BIOGRAPHICAL DATA (as it appears on your high school record)

Name: _____ Sex : () Male
 _____ () Female

 (Last Name) (First Name) (Middle Name)
 Birthdate (mm-dd-yyyy): _____ Age: _____ Religion: _____ Ethnic Tribe: _____
 Place of Birth: _____ Cellphone No. : _____
 Home Address: _____
 Present Address: _____

III. PARENTS' DATA

	FATHER	MOTHER (Maiden Name)
Name		
Occupation		
Contact Number		
Ethnic Origin/ Tribe		

IV. EDUCATIONAL BACKGROUND

Academic Status: () Senior High School Graduate () Transferee () Others: specify _____
 Track/ Strand: _____ Learner's Reference Number (LRN): _____
 Name of School Currently Enrolled: _____
 Address of School: _____
 Type of School: () Public () Private

APPLICANT'S SIGNATURE

*I hereby certify that the foregoing
 Information are true and correct.*

 Student's Signature Over Printed Name

NOTE: Subject to revocation if the records upon which the approval is based are found incorrect/invalid.

Approved by:

MAESHILLE T. OMAÑA
 Admission In-charge

" Quality Education for Service "



J. H. CERILLES STATE COLLEGE

Mati, San Miguel, Zamboanga del Sur, 7029

jhcsc.main@yahoo.com

STUDENT CONSENT FORM FOR THE PROCESSING, RELEASE AND RETENTION OF PERSONAL INFORMATION

I, _____, am fully aware that J.H. Cerilles State College (JHCSC) or its designated representative is duty bound and obligated under the Data Privacy Act of 2012 to protect all my personal and sensitive information that it collects, processes, and retains upon my enrolment and during my stay in the College.

Student personal information includes any information about my identity, academics, medical conditions, or any documents containing my identity. This includes but not limited to my name, address, names of my parents or guardians, date of birth, grades, attendance, disciplinary records, and other information necessary for basic administration and instruction.

I understand that my personal information cannot be disclosed without my consent or after the consent of my parent/s or guardian/s being a minor of age. I understand that the information that was collected and processed relates to my enrolment and to be used by JHCSC to pursue its legitimate interests as an educational institution. Likewise, I am fully aware that JHCSC may share such information to affiliated or partner organizations as part of its contractual obligations, or with government agencies pursuant to law or legal processes. In this regard, I hereby allow JHCSC to collect, process, use and share my personal data in the pursuit of its legitimate interests as an educational institution.

Finally, should I commit any misconduct or should there be a complaint filed against me, before the Student Affairs Office (SAO) or Student Disciplinary Board (SDB) by reason of violation of the provisions of the Student Manual or any laws or ordinances, I hereby authorize and give my full consent in favor of the College to inform my parents, guardian, representative or whoever person is in charge of providing care or custody forme.

I hereby give my consent for the processing, release, and retention of personal information.

Student's Signature over Printed Name