DE LA SALLE-COLLEGE OF SAINT BENILDE

Center for Admissions





Name of Applicant:					Sex:	
		Surname	First name	Middle name		
School:				Years Attende	d: to	
			L. annon Defens			
Senior High School Stra	na:		Learner Refere	nce Number:		
To the Applicant: Write	the inforr	nation needed above ar	nd give this form to the Reg	istrar's Office.		
Verification/Authorizat to Benilde Center for Ad				the information contained	I in this form and its disclosure	
Printed Name	& Signat	ure of Applicant	Date Printed nam	ne and Signature of Paren	t/Guardian Date	
To the Registrar: Pleas grade/s. Thank you very	much.	-	for the following grade level	ls. For failing grade/s, plea	ase indicate the summer	
Grade Level		School Year Attended		Final C	Final General Average	
7						
8						
9						
10						
11						
Overall Average						
TABLE B: For Grades	in Other I	Formats (e.g. 1.00, A+.	Excellent, etc.)			
Grade Level Scl		nool Year Attended	Letter Grade / Numerical Grade / Descriptive Grade		Percentage Equivalent	
7						
8						
9						
10						
11						
Overall Average						
Post. Certified Correct By	r:	& Signature	n apostille/authenticated Tr	PLACE SCHOOL DRY HERE	ne Philippine Foreign Service	
Contact Number						