



Republic of the Philippines  
**BULACAN AGRICULTURAL STATE COLLEGE**  
 Pinaod, San Ildefonso, Bulacan

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**COLLEGE ENROLLMENT FORM**

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Direction: Fill-out required information. DO NOT leave an item blank (indicate N/A if item is not applicable)

**COURSE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Student ID no.** \_\_\_\_\_

Please check:  
**Student Type:**  Freshmen  Transferee  Second Course  
 Old Returnee

**NAME OF STUDENT:** \_\_\_\_\_ **LRN** \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Jr. I/II/III \_\_\_\_\_

PHOTO  
 (passport size  
 white background  
 and name)

**PERSONAL INFORMATION**

**DATE OF BIRTH**  -  -  **PLACE OF BIRTH** \_\_\_\_\_  
Month Date Year Brgy., Town/City, Province

**AGE**  **NATIONALITY** \_\_\_\_\_

**CIVIL STATUS**  Single  Married  Widow/er **SEX**  Male  Female

**RELIGION** \_\_\_\_\_ **CONTACT NO.(s)** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**PERMANENT ADDRESS** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

	Name	Age	Educational Attainment	Occupation	Contact No.
FATHER					
MOTHER					
GUARDIAN					
SPOUSE					

**EMAIL ADDRESS OF GUARDIAN** \_\_\_\_\_

**AVERAGE FAMILY INCOME (Monthly) please check one**  
 10,000 below  10,001-20,000  20,001-30,000  30,001-40,000  50,000 above

**Schools Attended by the Applicant**

	ELEMENTARY	JUNIOR HIGH SCHOOL
School Name (write in full)		
Address		
Inclusive dates		
	SENIOR HIGH SCHOOL	COLLEGE
School Name (write in full)		
Address		
Inclusive dates		
Course/Strand		

Reason/s for choosing BASC (please check)  
 Offers affordable tuition & matriculation fees  Near our residence  
 Offers quality education  Family and relatives referral/influence  
 Is a reputable educational institution  Peer referral/influence

I hereby certify that the above information is true and correct

\_\_\_\_\_  
 Signature Over Printed Name of Applicant

\_\_\_\_\_  
 Date