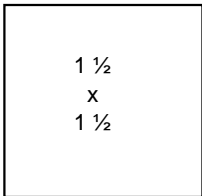




Don Bosco Technical Institute  
Makati City



DBTI - Form 1

Application Form No.: \_\_\_\_\_

School Year \_\_\_\_\_

Applicant's Information Sheet

Applicant's Data

Applying for: \_\_\_\_\_  
Grade/Year

Applicant's Name: (Please write the complete name as it appears in the birth certificate.)

\_\_\_\_\_  
(PRINT) FAMILY NAME (PRINT) GIVEN NAME (PRINT) MIDDLE NAME

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Place of Birth: \_\_\_\_\_  
MM DD YYYY CITY/TOWN PROVINCE

Citizenship:  FILIPINO  OTHERS \_\_\_\_\_ Religion:  ROMAN CATHOLIC  OTHERS \_\_\_\_\_

Address: \_\_\_\_\_  
STREET NO. STREET NAME BARANGAY/VILLAGE/SUBDIVISION  
\_\_\_\_\_  
CITY/TOWN PROVINCE

Telephone Number: \_\_\_\_\_ -or- \_\_\_\_\_

School last attended/presently attending: Grade/Year: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Languages/Dialects spoken at home:

Languages:  ENGLISH  CHINESE  SPANISH  
 JAPANESE  INDIAN  OTHERS \_\_\_\_\_

Local Language:

TAGALOG  ILONGGO  KAPAMPANGAN  
 ILOKANO  BIKOLANO  CEBUANO  OTHERS \_\_\_\_\_

What course would you want your son to take up in college? \_\_\_\_\_

What special information about your son would you like to give us? \_\_\_\_\_

Parents & Family Data

FATHER

MOTHER

Name: \_\_\_\_\_

SINGLE  MARRIED  DECEASED  
 WIDOWER  SEPARATED  DIVORCED

SINGLE  MARRIED  DECEASED  
 WIDOWED  SEPARATED  DIVORCED

Are you a Don Bosco Alumnus?  Yes  No

Where? \_\_\_\_\_ Year Graduated: \_\_\_\_\_

What course did you take up in college?  
\_\_\_\_\_

What course did you take up in college?  
\_\_\_\_\_

Are you self-employed?  
 Yes  No

Are you self-employed?  
 Yes  No

Occupation:  
FULL-TIME: \_\_\_\_\_  
PART-TIME: \_\_\_\_\_  
\_\_\_\_\_

Occupation:  
FULL-TIME: \_\_\_\_\_  
PART-TIME: \_\_\_\_\_  
\_\_\_\_\_

Position: (In your major occupation/main source of income.)

TOP MANAGEMENT  
 MIDDLE MANAGEMENT  
 SUPERVISORY  
 RANK & FILE

TOP MANAGEMENT  
 MIDDLE MANAGEMENT  
 SUPERVISORY  
 RANK & FILE

Monthly Income:  
Pesos: \_\_\_\_\_

Monthly Income:  
Pesos: \_\_\_\_\_

**FATHER**

**MOTHER**

Company Name:

\_\_\_\_\_

\_\_\_\_\_

Company Address:

STREET NO. STREET NAME

STREET NO. STREET NAME

BARANGAY/VILLAGE/SUBDIVISION

BARANGAY/VILLAGE/SUBDIVISION

CITY/TOWN PROVINCE

CITY/TOWN PROVINCE

Office Tel. No.: \_\_\_\_\_/\_\_\_\_\_

Office Tel. No.: \_\_\_\_\_/\_\_\_\_\_

Office Fax No.: \_\_\_\_\_

Office Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Religion:

ROMAN CATHOLIC  OTHERS

Religion:

ROMAN CATHOLIC  OTHERS \_\_\_\_\_

Nationality:

FILIPINO  OTHERS \_\_\_\_\_

Nationality:

FILIPINO  OTHERS \_\_\_\_\_

Residence Type:  HOUSE  APARTMENT  CONDOMINIUM  TOWNHOUSE

Ownership of Residence:  OWN  RENTED  LIVING W/ PARENTS/RELATIVES

Appliances Owned: (PLEASE SPECIFY THE NUMBER OF EACH ITEM IN ITS SPACE)

_____ STOVE/RANGE	_____ TELEVISION	_____ DISH WASHER
_____ MICROWAVE OVEN	_____ DVD PLAYER	_____ WASHING MACHINE
_____ REFRIGERATOR	_____ COMPONENT SYSTEM	
_____ FREEZER	_____ PIANO / ORGAN	
_____ AIRCONDITIONER	_____ COMPUTER	
_____ HOME THEATER		

Number of Household Helpers: \_\_\_\_\_

Means of Transportation:  OWN VEHICLE - How many? \_\_\_\_\_  
 COMMUTE  
 SCHOOL BUS

Names of Other Children in the Family in Chronological Order:

NAME	BIRTH DATE MM / DD / YYYY	SEX M / F	CIVIL STATUS S / M / DEC / DIV / SEP / W	WORKING / STUDYING - WHERE
_____	___ / ___ / ___	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> WORK <input type="checkbox"/> STUDY _____
_____	___ / ___ / ___	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> WORK <input type="checkbox"/> STUDY _____
_____	___ / ___ / ___	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> WORK <input type="checkbox"/> STUDY _____
_____	___ / ___ / ___	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> WORK <input type="checkbox"/> STUDY _____
_____	___ / ___ / ___	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> WORK <input type="checkbox"/> STUDY _____
_____	___ / ___ / ___	<input type="checkbox"/> / <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> WORK <input type="checkbox"/> STUDY _____

\*\* Please fill out the blanks. Complete information is needed to establish the profile of the School and Community of Don - Bosco Makati as per requirement for the Institutional Profile.

Date Accomplished: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
MM DD YYYY

Signature over printed name of Parent / Guardian