AIR LINK INTERNATIONAL AVIATION COLLEGE

Domestic Rd., Domestic Airport, Pasay City

STUDENT'S PERSONAL INFORMATION SHEET

(Please Write Legibly)

2x2 picture

NAME: _____

First Name Middle Name Last Name

AGE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

BIRTHDATE: _____ BIRTHPLACE: _____

TELEPHONE NO. / MOBILE NO. : _____

E-MAIL ADDRESS: _____

RELIGION: _____ NATIONALITY: _____

CITY ADDRESS: _____

PROVINCIAL ADDRESS: _____

COMPLETE ADDRESS ABROAD (FOREIGN STUDENT) _____

_____

FATHER'S NAME: _____

OCCUPATION: _____ CONTACT NO. _____

MOTHER'S NAME: _____

OCCUPATION: _____ CONTACT NO. _____

STUDENT'S PERSONAL INFORMATION SHEET

I. ELEMENTARY SCHOOL: _____

YEAR GRADUATED: _____

II. HIGHSCHOOL: _____

YEAR GRADUATED: _____

III. FOR TRANSFEREE:

SCHOOL PREVIOUSLY ATTENDED: _____

COURSE TAKEN FROM OTHER SCHOOL: _____

IV. IF WORKING:

COMPANY NAME: _____

COMPANY ADDRESS: _____

POSITION HELD: _____

TELEPHONE NUMBER: _____

I hereby certify that the above information is TRUE and CORRECT.

_____

Signature over Printed Name