DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE | ACADEMICS LASALLIAN ADMISSION AND SCHOLARSHIP OPPORTUNITIES

High School Individual Tour Request Form

Personal Information

Name: _____

Gender: _____ Birthdate: _____ Birthplace: _____ Religion: _____

Address: _____

Email Address: _____

High School: _____

Address of School: _____

Guidance Counselor of School: _____

Contact Number of School: _____

Top three (3) choices for health sciences courses:

1.) _____

2.) _____

3.) _____

Preferred date: _____

Preferred Time of Arrival: _____ Preferred Time of Departure: _____

Certificate of Acknowledgment

I understand that I am responsible for checking in and out at the assigned times.

I understand that this Registration Form is incomplete if the Guidance Counselor's recommendation is not submitted.

I understand that I should follow DLSMHSI Campus Tour Rules & Regulations.

_____ _____

Signature over Printed Name Signature over Printed Name of Parent/Guardian

Thank you for your interest in visiting De La Salle Medical and Health Sciences Institute. We will be in contact with you for confirmation regarding your campus visit. We are looking forward to welcome you to our campus.