**2x2**

**PICTURE**

**APPLICATION FORM**

(Varsity and Chorale)

|  |  |
| --- | --- |
| DATE: |  |
| School Year: |  |

**GENERAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| NAME: | COURSE & SECTION: | STUDENT NUMBER: |
| DORM/HOME ADDRESS: | MOBILE NO:  EMAIL ADDRESS: | |
| ***In case of emergency please contact:***  NAME: | RELATIONSHIP: | |
| HOME ADDRESS: | CONTACT NUMBER/S: | |

I would like to apply to be a member of:

***Please check the Organization/Event you are interested in and indicate your priority. You may apply for ONLY two (2) events but shall be eligible for ONLY one (1) once you fulfill the requirements.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Institutional Varsity: (Name of Sports) |  | MEN’s |  | WOMEN’s |
|  | Institutional Chorale |  | ***SaringHimig*** |  | ***Himig Scientia*** |
|  | Institutional Contemporary Dance Group |  | MEN’s |  | WOMEN’s |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**Signature of Student)**

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**EVALUATION *(NOTE: Status of Freshmen/Grade 11 Students is within the discretion of Collegiate/SHS Head)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FIRST SEMESTER**  **ATTACH (2nd semester grade, previous Academic Year)** | | | | | |
| **CRITERIA** | **DATE** | **APPROVED** | **CONDITIONAL** | **DISAPPROVED** | **PRINTED NAME & SIGNATURE** |
| ACADEMIC EVALUATION |  |  |  |  |  |
| MEDICAL EXAMINATION |  |  |  |  |  |
| TRYOUTS / AUDITION |  |  |  |  |  |

***RESULT:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean, The Student Affairs**   **DATE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECOND SEMESTER**  **ATTACH (1st semester grade, current Academic Year)** | | | | | |
| **CRITERIA** | **DATE** | **APPROVED** | **CONDITIONAL** | **DISAPPROVED** | **PRINTED NAME & SIGNATURE** |
| ACADEMIC EVALUATION |  |  |  |  |  |
| MEDICAL EXAMINATION |  |  |  |  |  |
| TRYOUTS / AUDITION |  |  |  |  |  |

***RESULT:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean, The Student Affairs**   **DATE**

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**FOR PARENTS or GUARDIANS:**

I am allowing my son/daughter to join the Varsity/Chorale this **Academic Year 20\_\_ – 20\_\_.**

**First Semester Only: \_\_ Second Semester Only: \_\_ Both Semesters: \_\_**

I will have no claims against the Institution and its members in case of my son/daughter’s unsatisfactory academic performance due to his/her involvement in the said institutional organization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Signature over Printed Name of Parent/Guardian)**  **DATE**

**If Guardian will serve as signatory, please specify Relationship to Student; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TSA FORM 03**