



Reminders:  
1. Write NA/none for not applicable inquiry  
2. Do not leave any spaces blank/unanswered

ILS ADMISSION FORM

Recent 2X2 colored picture  
with name & signature  
  
(For walk-in applicants, please  
do not staple your picture. Use  
paste/glue.)

Date of Application: \_\_\_\_\_ O.R No.: \_\_\_\_\_

Remarks/Signature (from the College/Department/Campus) \_\_\_\_\_  
PROGRAM APPLIED FOR; (Check One). (Only **ONE SECTION** will be admitted)  
\_\_\_\_\_KINDERGARTEN \_\_\_\_\_SECONDARY

(Please print all the entries)

Name: \_\_\_\_\_  
(Family Name) (Given Name) (Middle Name)  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Nationality: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
City Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name of School Last Attended (in full): \_\_\_\_\_ GPA: \_\_\_\_\_  
Mother's Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_  
Father's Occupation: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Note: Qualifiers will be posted according to the given date of posting. **Those who will be posted as "QUALIFIERS FOR INTERVIEW" are considered as "Qualified" and those not included in the said list are understood to be "Not Qualified." There shall be no scores given.** You may call in our office to inquire for further information. Qualifiers should follow the assigned schedule for interview. Please be guided accordingly.

By signing below, I acknowledge that I have fully read, understood, and agreed with the protocol stipulated above.

\_\_\_\_\_  
Signature over Printed Name of Applicant/Parent/Guardian

(To be filled out by the Testing Center)

Examination Date: \_\_\_\_\_ Time: \_\_\_\_\_ Attended by: \_\_\_\_\_

Test Result (Check (/) one): Qualified for Interview: \_\_\_\_\_ Not Qualified for Interview: \_\_\_\_\_

\_\_\_\_\_  
Printed Name and Signature of the Office Head

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ADMISSION SLIP

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Date of Application: \_\_\_\_\_ O.R No.: \_\_\_\_\_

PROGRAM APPLIED FOR; (Check One). (Only **ONE SECTION** will be admitted)  
\_\_\_\_\_KINDERGARTEN \_\_\_\_\_SECONDARY

(Please print all the entries)

Name: \_\_\_\_\_  
(Family Name) (Given Name) (Middle Name)  
Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Nationality: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Name of School Last Attended (in full): \_\_\_\_\_ GPA: \_\_\_\_\_

(To be filled out by the Testing Center)

Examination Date: \_\_\_\_\_ Time: \_\_\_\_\_ Venue: \_\_\_\_\_

Date of Posting of Qualifiers: \_\_\_\_\_ Attended by: \_\_\_\_\_

REQUIREMENTS **DURING** THE PRE-QUALIFYING EXAMINATION (PQE)  
1. Admission Slip  
2. Plastic (transparent) Envelope  
3. Valid identification (ID)  
4. Pencils, sharpener, eraser

Guidelines: (PLEASE READ)  
1. Report on time to the designated room/venue as scheduled (late comers will not be entertained). Take a full meal prior to the exam. Only water, biscuits and candies are allowed to be taken. No bags allowed, use the plastic envelope.  
2. Proper dress code must be observed. (Slippers, Shorts and Sleeveless shirts are not allowed).  
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By signing below, I acknowledge that I have fully read, understood, and agreed with the guidelines stipulated above.

\_\_\_\_\_  
Signature over Printed Name of Applicant/Parent/Guardian

\_\_\_\_\_  
Printed Name and Signature of the Office Head

GCL  
INTERNATIONAL  
UKAS  
MANAGEMENT  
SYSTEMS  
ISO 9001  
5965  
Registration No. 52Q18778

Certification Date: 24 January 2024  
Recertification due date: 24 January 2027  
For verification of the certificate please  
Access [www.gcl-intl.com](http://www.gcl-intl.com) (Certification  
Check and type the registration number)

WURI

The WORLD  
UNIVERSITY  
RANKINGS  
for INNOVATION

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Impact Rankings