



APCA PHILIPPINES
 32nd st. corner University Parkway District
 Taguig, 1634 Metro Manila
 632-894-2395 | Email: info@apcaphilippines.com
 www.apcaphilippines.com

Insert Passport
 Size Photo here

ADMISSION FORM (FULL TIME PROGRAM)

Please fill out this form clearly using **BLOCK LETTERS**. Sign the application form and have the admission form signed by your parent/guardian/sponsor.

PROGRAM PREFERENCE

9 MONTHS ADVANCED DIPLOMA PASTRY	<input type="checkbox"/>
9 MONTHS ADVANCED DIPLOMA CULINARY	<input type="checkbox"/>

Intake Date: _____

PERSONAL INFORMATION

FULL NAME			
PASSPORT NUMBER		DATE OF BIRTH	
NATIONALITY		GENDER	
MARITAL STATUS		RACE	
RELIGION			
ADDRESS			
	POSTCODE	STATE	COUNTRY
TELEPHONE NO	HOME	MOBILE	
EMAIL ADDRESS			
MEDICAL HISTORY			
FATHER CONTACT	NAME	TEL NO.	
	MOBILE	EMAIL	
MOTHER CONTACT	NAME	TEL NO.	
	MOBILE	EMAIL	
GUARDIAN CONTACT	NAME	RELATIONSHIP	
	MOBILE	EMAIL	

In case of emergency, please contact:

Name: _____

Mobile: _____

Relationship: _____

EDUCATION HISTORY	SCHOOL	COUNTRY
	QUALIFICATION	YEAR
EDUCATION HISTORY	SCHOOL	COUNTRY
	QUALIFICATION	YEAR
EMPLOYMENT HISTORY	POSITION	COUNTRY
	COMPANY	YEAR
EMPLOYMENT HISTORY	POSITION	COUNTRY
	COMPANY	YEAR

LANGUAGE PROFICIENCY (RATE 1 = NIL; 2 = GOOD; 3 = FAIR, 4 = BASIC; 5 = EXCELLENT)

ENGLISH	WRITTEN	SPOKEN
OTHERS:	WRITTEN	SPOKEN

HOW DID YOU HEAR ABOUT THE ACADEMY?

NEWSPAPER:	<input type="checkbox"/>	RADIO:	<input type="checkbox"/>
TELEVISION:	<input type="checkbox"/>	FAIR EXHIBITION:	<input type="checkbox"/>
MAGAZINE:	<input type="checkbox"/>	FACEBOOK:	<input type="checkbox"/>
INTERNET SEARCH:	<input type="checkbox"/>	INSTAGRAM:	<input type="checkbox"/>
REFERRED BY:	<input type="checkbox"/>	OTHERS:	<input type="checkbox"/>

DECLARATION BY APPLICANT

I have read, and I fully understood all instructions regarding my application for admission to APCA Philippines and the information supplied in the application together with the supporting documents are correct and complete. I understand that falsification and withholding of information on this form will automatically nullify my application and/or subject me to dismissal.

If accepted as a student of APCA Philippines, I agree to abide by all its policies and regulations.

Applicant Signature

Parent/Guardian Signature

Date



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TERMS & CONDITIONS APPLY

1. Admission fees are **NOT** refundable and **NOT** transferable.
2. Fees paid are **NOT** refundable and **NOT** transferable.
3. Late payment of tuition fee for 1 week will result to stop the class and no replacement of missed topics.
4. APABP shall be under no liability whatsoever to any student for any loss or damage or death and personal injuries. Each student should have their **OWN PERSONAL INSURANCE** before joining the program as APABP will not bear the cost of liability.

Applicant Signature

Parent/Guardian Signature

Date



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CHECKLIST: FOR OFFICE USE ONLY

- Payment of Admission fee of Php 50,000 (Non-Refundable) Yes/No
- 7 Passport size photo Yes/No
- Copy of any Government ID Yes/No
- Highest credential (Diploma & Transcript) Yes/No
- NSO Birth certificate Yes/No
- Uniform Yes/No
 - 2 Trousers Size _____ Yes/No
 - 2 Jackets Size _____ Yes/No
 - 2 Aprons Size _____ Yes/No
 - 2 Hand towel Yes/No
 - 2 Chef hat Yes/No
 - Recipe book Yes/No

Payment details:

Cash: _____

Cheque: _____

Bank transfer: _____

Course fee;
one time, quarterly or monthly

One time: _____ Date: _____

Quarterly

1st Quarter: _____ Date: _____

2nd Quarter: _____ Date: _____

3rd Quarter: _____ Date: _____

Monthly

1st month: _____ Date: _____

2nd month: _____ Date: _____

3rd month: _____ Date: _____

4th month: _____ Date: _____

5th month: _____ Date: _____

6th month: _____ Date: _____

7th month: _____ Date: _____

8th month: _____ Date: _____

9th month: _____ Date: _____