



TMP TECH SCHOOL DORMITORY

Toyota Motor Philippines School of Technology, Inc.
 Toyota Special Economic Zone, Santa Rosa-Tagaytay Highway, Santa Rosa City, Laguna
 Telephone Nos. 63 2 519 4218; 63 49 530 8311 / Website: www.tmptech.edu.ph

APPLICATION FORM

NOTE TO THE APPLICANT:

Please accomplish this Form completely and truthfully. All information shall be treated in confidence. Show this form to your parents/guardian for verification and consent.

TMP Tech Use only:

OR No. : _____
 Date : _____
 Course : _____
 Batch : _____
 Section : _____
 Dorm Scholar : Yes No
 Sponsor : _____

GENERAL INFORMATION

NAME			NICKNAME	SEX ()	MALE
Family Name	First Name	Middle Name	_____	()	FEMALE

DATE OF BIRTH (MD/Y)	PLACE OF BIRTH	NATIONALITY	RELIGION
----------------------	----------------	-------------	----------

COMPLETE ADDRESS			LANDLINE NO.
House No. / Street	Subdivision	Barangay	EMAIL AD: _____
Town / City	Province	Country	MOBILE PHONE NO. _____
<input type="checkbox"/> This is my home address.		<input type="checkbox"/> This is my mailing address.	

EDUCATIONAL BACKGROUND

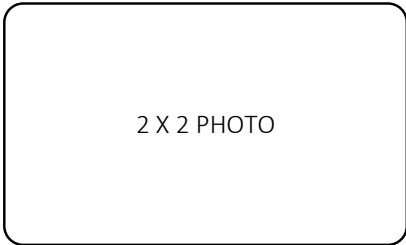
HIGH SCHOOL / LOCATION / YEAR OF GRADUATION	Academic Honors / Awards Received:
_____	_____
SCHOOL LAST ATTENDED / LOCATION (For transferee)	Degree / Level Completed:
_____	_____

<input type="checkbox"/> Incoming first year?	Course Applying for: _____
<input type="checkbox"/> Current TMP Tech Student?	Course: _____ Year / NC Level: _____

FAMILY BACKGROUND

NAME OF FATHER: _____	AGE: _____
LIVING? <input type="checkbox"/> Yes <input type="checkbox"/> No	OCCUPATION / LOCATION: _____
HOME ADDRESS _____	CONTACT PHONE NOS. _____
NAME OF MOTHER: _____	AGE: _____
LIVING? <input type="checkbox"/> Yes <input type="checkbox"/> No	OCCUPATION / LOCATION: _____
HOME ADDRESS _____	CONTACT PHONE NOS. _____
NAME OF GUARDIAN OR NEAREST RELATIVE IN LAGUNA OR METRO MANILA _____	RELATION TO APPLICANT: _____
OCCUPATION & HOME / BUSINESS ADDRESS _____	AGE: _____
_____	CONTACT NO.: _____

PERSONAL INFORMATION



1 How do you spend your free time? (hobbies, sports, etc.)

2 List your illnesses, physical impairments or allergies (if any) :

Blood Type : _____

3 Have you had training on First Aid? Yes No Emergency Response? Yes No

4 What time do you usually sleep? _____

5 How much time do you spend time studying? _____

6 Do you smoke? Yes No Do you drink liquor? Yes No

Note: Drinking, bringing in alcoholic beverages within the school premises and/or entering the school under the influence of alcoholic or intoxicating beverages are prohibited. They are likewise prohibited from drinking intoxicating beverages in public places and establishments, especially while in school uniform, which would affect the good name or reputation of the school. Moreover, smoking and/or bringing in cigarettes, including electronic or vapour cigarettes, is absolutely prohibited in TMP Tech Dormitory.

7 Are you a dorm scholar? Yes No Who is your sponsor? _____

If yes, please submit a photocopy of duly approved / signed scholarship contract.

CHARACTER REFERENCES

List down two (2) names of people who know you well and hold positions of authority in your present/previous school (e.g. Principal, Guidance Counselor)

	NAME	POSITION
1	_____	_____
2	_____	_____

I certify that all the information given are accurate to the best of my knowledge. If accepted, I agree to abide by all the rules and regulations of TMP Tech School Dormitory. I am also aware that any serious violation or major offense committed within the dormitory premises will be ground for probation or dismissal from the dormitory and/or from the school.

Signature of Applicant

Date

PARENTS' / GUARDIAN'S CONSENT

TO THE PARENTS: PLEASE GO THROUGH THE FILLED-OUT FORM BEFORE SIGNING. THANK YOU!

We hereby certify that all the information given is true and correct and you are hereby authorized to verify the same.

We grant permission to our child, if accepted, to reside in TMP Tech School Dormitory. We expect the TMP Tech Administration to exert reasonable care and supervision of our child and will not hold them responsible for eventualities beyond their reasonable control. If, in the considered judgement of the TMP Tech Administration, the continued stay of our child in the school is not to our child's best interests or the interests of the common good, we agree to withdraw from TMP Tech School Dormitory. This will not necessarily affect our child's standing as a TMP Tech student unless deemed by the proper school authorities.

CONFORME:

Name & Signature of Father

Date

Name & Signature of Mother

Date

OR

Name & Signature of Guardian

Date