



444 Ambuklao Road, Baguio City, 2600
admissions.ac@apts.edu | 444-2779 loc. 320

PRELIMINARY FORM FOR ADMISSION

Personal Details:

Gender: Male Female

First Name: _____ Middle Name/s: _____ Family Name: _____

Date of Birth: _____

Contact Details:

Home Phone No.: _____ Mobile Phone No: _____

Email Address: _____

Postal Address: _____ Country: _____ Postal Code: _____

City: _____ Country of Birth: _____

Nationality(passport issuing country) _____

Education History:

Name of School Attended: _____

Secondary Level: _____

Postal Address: _____ Year Graduated: _____

I declare that the information that i have provided herein is true and accurate to the best of my knowdledge.

I Agree

I Decline

Please send this form accomplished to admissions@ac.apts.edu