



Alpha Angelicum Academy
 Golden Meadow Subdivision, San Antonio, Biñan, Laguna
 Tel Nos. (049) 411-3686 / (049) 511-3450
 www.alpha-angelicum-academy.edu.ph

Name: _____
 (Surname) (Given Name) (Middle Initial)

Birthday: _____ Age: _____

Level: _____ School Year: _____

ADMISSION REQUIREMENTS

- Application Form
- Entrance Test
- Certified True Copy of Grades / Report Card
- 2 Recommendation Letters
- Certificate of Good Moral Character
- Referral Letter form a Developmental Pediatrician (*Special Program*)



Alpha Angelicum Academy
 Golden Meadow Subdivision, San Antonio, Biñan, Laguna
 Tel Nos. (049) 411-3686 / (049) 511-3450
 www.alpha-angelicum-academy.edu.ph

Name: _____
 (Surname) (Given Name) (Middle Initial)

Birthday: _____ Age: _____

Level: _____ School Year: _____

ADMISSION REQUIREMENTS

- Application Form
- Entrance Test
- Certified True Copy of Grades / Report Card
- 2 Recommendation Letters
- Certificate of Good Moral Character
- Referral Letter form a Developmental Pediatrician (*Special Program*)



Alpha Angelicum Academy
 Golden Meadow Subdivision, San Antonio, Biñan, Laguna
 Tel Nos. (049) 411-3686 / (049) 511-3450
 www.alpha-angelicum-academy.edu.ph

Name: _____
 (Surname) (Given Name) (Middle Initial)

Birthday: _____ Age: _____

Level: _____ School Year: _____

ADMISSION REQUIREMENTS

- Application Form
- Entrance Test
- Certified True Copy of Grades / Report Card
- 2 Recommendation Letters
- Certificate of Good Moral Character
- Referral Letter form a Developmental Pediatrician (*Special Program*)