



**ALTERNATIVE LEARNING SYSTEM - ACCREDITATION & EQUIVALENCY TEST  
REGISTRATION FORM**

DATE OF APPLICATION  
(day-month-year)

THIS FORM IS NOT FOR SALE. DO NOT LEAVE ANY SPACES BLANK. INDICATE N/A IF NOT APPLICABLE.

**PARTICULARS OF THE APPLICANT**

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH  
(ex. January 1, 2012)

PLACE OF BIRTH

GENDER:

Male

Female

Paste 2" x 2" inch photo

**CONTACT DETAILS**

ADDRESS ABROAD

CONTACT NUMBER

EMAIL ADDRESS

ADDRESS IN PHL

**PASSPORT DETAILS**

PASSPORT NUMBER

PLACE OF ISSUE

DATE OF ISSUE  
(ex. January 1, 2012)

DATE OF EXPIRY  
(ex. January 1, 2012)

**EDUCATIONAL BACKGROUND**

LAST SCHOOL LEVEL ATTENDED

NAME OF LAST SCHOOL ATTENDED

By affixing my signature below, I hereby acknowledge that I have read and understood the steps and procedures in the Information Guide on the Alternative Learning System Accreditation and Equivalency Test in Bangkok, Thailand, on 15 - 16 November 2013.

**SIGNATURE OF APPLICANT OVER PRINTED NAME**

EMBASSY OF THE REPUBLIC OF THE PHILIPPINES IN BANGKOK, KINGDOM OF THAILAND

NOTES

ALS A&E APPLICANT CODE