



Catholic Educational Association of the Philippines

NO.7 Road 16, Bagong Pag-asa, Quezon City

Tel. Nos. (02)926-5153; 926-6273; 373-6670 Fax: (02)426-2670 Email: info@ceap.org.ph

APPLICATION FOR MEMBERSHIP

To : The CEAP Board of Trustees

Thru : The Executive Director

From: _____

Name of School _____

Address _____

Tel Nos. _____ **Fax Nos.** _____ **Email Address** _____

Year founded _____

Academic levels offered (please check):

- Pre-elementary Elementary Junior High School Senior High School
 College Graduate School Others: _____

I have the honor to apply for probationary/regular membership of our school to the Catholic Educational Association of the Philippines (CEAP).

Below is the recommendation of our Religious Superior as required by the CEAP By-Laws. Enclosed is Check/PMO No. _____ corresponding to our admission fee,

We trust that this application will merit your kind approval.

Printed Name and Signature of School Head

Position/Title

Recommending Approval:

Printed Name and Signature

Religious Superior (Please state formal designation)

Requirements: *This form should be submitted with 2 copies each.*

1. Formal letter of application signed by the school head
2. School Board resolution, duly signed by the board secretary authorizing application for CEAP membership
3. Bishop's certification that the school is genuinely Catholic in character and endorsement of its acceptance as CEAP member
4. School's Articles of Incorporation and By-Laws duly approved by the SEC with corresponding certificate
5. Copy of Government Recognition to operate each level (pre-elementary, elementary, secondary, tertiary, graduate school, whichever is applicable).
6. Religious Education Program offered regularly, with qualified Religion teachers and with complete syllabus for all levels
7. Copy of the school's organizational chart with list of Board Members and corresponding positions
8. Certification of a school's membership in a duly recognized retirement plan or program for its employees
9. Accomplished School Information Sheet with population and tuition per level
10. Recommendation of the CEAP Regional Director, after inspection of school programs, services and facilities and interview of school administrators and personnel.

PROCESSING FEES

Pre-Elementary	Ps	300.00
Elementary	Ps	300.00
JHS/SHS	Ps	300.00/300.00
College	Ps	500.00
Graduate	Ps	1,000.00

For CEAP Use

Name/Initial _____
 OR # _____
 Date _____



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School Information Sheet

Region: _____ Diocese _____ ZIP Code _____
Name of School : _____
Complete Address : _____
Email Address : _____ Website: _____
Telephone Number(s): _____ Mobile Number(s): _____
Fax Number : _____
Founder : _____ Foundation Year: _____
Owner : _____
Administrator : _____
Head of School : _____ Designation: _____

Course Offerings: (Please check/Add extra sheets if necessary)

- Graduate School Dean : _____
 College Deans : _____

 High School Principal : _____
 Elementary Principal : _____
 Pre-Elementary Principal : _____

Student Population:

Pre-Elem: _____ Elementary: _____ Junior High School: _____
Senior High School _____ College: _____ Graduate School: _____

Average Tuition Fee:

Pre-Elem: _____ Elementary: _____ Junior High School: _____
Senior High School: _____ College: _____ Graduate School: _____

Person Accomplishing this form: _____

Official Designation: _____

Date: _____ Signature: _____