APPLICATION for ADMISSION
School Year 20___ – 20___
O.R. No. __________ Year Level ________

(Please PRINT clearly.)

Name: ____________________________________________

Age: ________  Date of Birth: __________________  Place of Birth: ____________________________

Citizenship: _______________________     Religion: _______________________

Home Address: ___________________________________________

Number  Street  Village/Subdivision/Brgy.  Municipality/City  Postal Code

Academic Background:

School Presently Enrolled: ____________________________________________

School Address: ________________________________________________

Year Level Presently Enrolled: __________  Tel. Number: ________________

Examination Permit
School Year 20___ – 20___
O.R. No. __________ Year Level ________

Reminders:
1. Please report 5 minutes before the scheduled time.
2. Bring two (2) sharpened pencils with eraser.
3. Examinees without this Examination Permit cannot take the test.
4. Latecomers will not be allowed to take the test.
5. Bring snacks if desired.

Admission and Testing Personnel