



DON BOSCO COLLEGE

Jose Yulo, Sr. Blvd, Canlubang, Calamba City, 4028
(049) 549-2307, 549-1778; Mobile No. 0917-524-7141

BASIC EDUCATION DEPARTMENT

2 x 2
Recent ID picture

APPLICATION for ADMISSION

School Year 20__ - 20__

O.R. No. _____ Year Level _____

(Please PRINT clearly.)

Name: _____

Last Name _____ First Name _____ Middle Name _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Citizenship: _____ Religion: _____

Home Address: _____

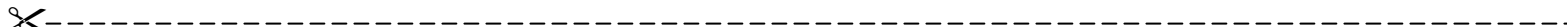
Number _____ Street _____ Village/Subdivision/Brgy. _____ Municipality/City _____ Postal Code _____

Academic Background:

School Presently Enrolled: _____

School Address: _____

Year Level Presently Enrolled: _____ Tel. Number: _____



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Examination Permit

School Year 20__ - 20__

O.R. No. _____ Year Level _____

Name: _____

PRINT _____ Last Name _____ First Name _____ Middle Name _____

Exam Date: _____ Time of Exam: _____ Room: _____

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