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

BASIC EDUCATION DEPARTMENT

SENIOR HIGH SCHOOL – STEM TRACK
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: __________________

To be detached by the Admission and Testing Center

2 x 2 Recent ID picture

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BASIC EDUCATION DEPARTMENT

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

Name: ______________________________________________________
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

2 x 2 Recent ID picture