

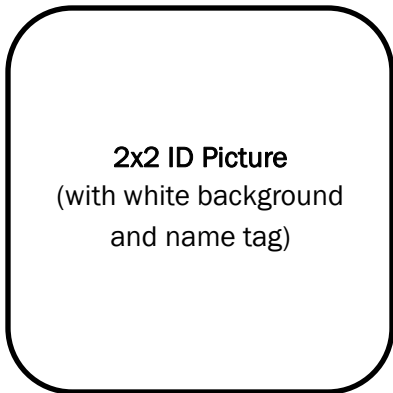


SCIENCE HIGH QUALIFYING TEST FORM

TYPE OR PRINT LEGIBLY all the information asked in this form. Attach one 2x2 latest ID picture as indicated on the space provided. **Only the DULY ACCOMPLISHED APPLICATION FORMS will be processed.**
THIS TEST CAN ONLY BE TAKEN ONCE.

PERSONAL INFORMATION OF THE APPLICANT

NAME:	FAMILY NAME	GIVEN NAME	MIDDLE NAME
GENDER:	_____ MALE	_____ FEMALE	AGE:
BIRTHDATE:	BIRTH PLACE:		
NATIONALITY:			
HOME ADDRESS:			
CONTACT NUMBER:		E-MAIL ADDRESS:	



EXAM SCHEDULE:

SCHOOL BACKGROUND

LAST SCHOOL ATTENDED:
SCHOOL ADDRESS:
AWARDS AND RECOGNITION:
COMPETITION/S:

FAMILY BACKGROUND OF THE APPLICANT

	FATHER	MOTHER	GUARDIAN
NAME			Relationship: _____
CITIZENSHIP			
E-MAIL ADDRESS			
CONTACT NUMBER:			
OCCUPATION			

HOW WOULD YOU WANT US TO NOTIFY YOU REGARDING THE AVAILABILITY OF THE RESULTS?

AUTHORIZED PARENT/ GUARDIAN:	CONTACT NUMBER:
	E-MAIL ADDRESS:
NOTE: The Individual Test Results will be released only to the authorized parent/s or guardian stated above. We will be notifying you about the availability of the results through all the contact details stated above.	

No. of Siblings: Sibling/s Enrolled in UB Science High School

	NAME	GRADE LEVEL
	Birth Order:	

Signed by: _____	Assisted by _____	Noted by: _____
(Name and Signature of Applicant)	(Name and Signature of Parent/ Guardian)	Registration Officer