2010 PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM
NATIONAL COMPETITIVE EXAMINATION
APPLICATION FORM

THESE MATERIALS ARE NOT FOR SALE. THEY MAY BE PHOTOCOPIED.

Instructions:
Please accomplish this form in duplicate. Type or print legibly all information needed. DO NOT ABBREVIATE. DO NOT LEAVE ANY ITEM BLANK. Countersign all erasures and corrections made.

DEADLINE OF SUBMISSION: August 31, 2009

Staple Only

1" x 1" Photo

PERSONAL DATA:

1) NAME OF APPLICANT: ***(Last Name, First Name, Middle Name)***

2) BIRTHDAY: M M D D Y Y Y Y **3) AGE as of June 1, 2010:** **4) SEX:** ☐ **MALE** ☐ **FEMALE** **5) CONTACT NUMBERS:** **(include all possible numbers)**

6) COMPLETE HOME/ PERMANENT ADDRESS:

Zip Code

TO BE FILLED UP BY THE PARENTS:

	YES	NO
1. Is your child a Filipino citizen?	☐	☐
2. Does your child have pending application as immigrant in any foreign country?	☐	☐
3. Has your child taken the PSHS National Competitive Examination before?	☐	☐

4. In which of the following PSHS Campuses would you like your child to study? Choose only 2.

[01] ILOCOS REGION CAMPUS – San Ildefonso, Ilocos Sur
[02] CAGAYAN VALLEY CAMPUS – Bayombong, Nueva Vizcaya
[03] BICOL REGION CAMPUS – Goa, Camarines Sur
[04] MAIN – Diliman, Quezon City
[05] EASTERN VISAYAS – Palo, Leyte
[06] CENTRAL VISAYAS – Argao, Cebu
[07] WESTERN VISAYAS – Jaro, Iloilo City
[08] CENTRAL MINDANAO – Balo-i, Lanao del Nort
[09] SOUTHERN MINDANAO – Tugbok, Davao City
[10] CENTRAL LUZON – Clark Field, Angeles City
[11] CORDILLERA ADMINISTRATIVE REGION - Baguio City

	CODE	NAME OF PSHS CAMPUS
1st CHOICE	[ ]	
2nd CHOICE	[ ]	

Parent's Signature over Printed Name

TO BE FILLED UP BY THE SCHOOL AUTHORITY CONCERNED:

1) NAME OF SCHOOL:

2) COMPLETE SCHOOL ADDRESS:

3) SCHOOL TYPE: ☐ **PUBLIC** ☐ **PRIVATE**

4) CURRENT GRADE LEVEL: ☐ **Grade 6** ☐ **Grade 7**

5) SCHOOL CONTACT NO.:

6) Pupil's FINAL WEIGHTED AVERAGE Grade (SY 08-09):

7) BATCH RANK (SY 08-09):

8) NO. OF GRADUATING STUDENTS (SY 2009-10):

1) I hereby certify that the pupil-applicant is officially enrolled in the school for SY 2009-2010.
2) I also certify to the accuracy of the foregoing data/information.

Principal/School Head's Signature over Printed Name

I hereby certify that the pupil-applicant is of good moral character.

Guidance Counselor's Signature over Printed Name

(PLEASE DO NOT DETACH)

IMPORTANT: This DOES NOT serve as the test permit.

LIST OF REQUIREMENTS:
- Fully accomplished Application Form in duplicate copies
- Two (2) identical recent 1 x 1 ID pictures
- Non-refundable test fee - P 100 for private schools/Free for public schools

If the applicant does not belong to upper 10% of the current graduating class:
- Copy of report card (SY 2008-2009)
- Letter of Recommendation from principal
- Minimum grade of 85 in Science & Math; 80 in all other subjects

For use of the PSHS Registrar/DOST or PSTC Coordinator

RECOMMENDATION

As per data above:
Approved: [ ]
Disapproved: [ ]

Remarks: _____

Processed by: _____
Date: _____

For use of the PSHS Cashier's Office

Mode of Payment: [ ] Cash
[ ] Money Order

No. of Applicants: _____

Amount Paid: _____

No. of stamps issued: _____
Series Number: _____

Payment Received by: _____

Date: _____

REMINDERS TO THE EXAMINEE:

1. Be at your testing center one (1) hour before your scheduled examination on ***7 November 2009.***
2. The test will start at **exactly 7:30 a.m. for the morning session** and **12:30 p.m. for the afternoon session**.
3. Present the **Examination Permit** and your **school I.D.** to the Proctor/ Room Examiner.
4. Bring at least **two sharpened soft lead pencils** (Mongol #2), a **good eraser** and **snacks.**
5. For inquiries regarding your test permit, you may visit or call the nearest PSHS Campus or call PSHSS-Admissions Office at tel. no. (02) 926-5701.
6. You will be notified if you qualify to enroll at PSHS either by mail or you may also check results at **www.pshs.edu.ph**. You may also inquire from the nearest PSHS Regional Campus or call PSHSS-Admissions Office, Tel. No.: (02) 926-5701.

Admissions Office