PSHS-MC Form 3-R

Republic of the Philippines
Department of Science and Technology
PHILIPPINE SCIENCE HIGH SCHOOL – MAIN CAMPUS
Agham Road, Diliman, Quezon City

OFFICE OF THE REGISTRAR

STUDENT DIRECTORY
SY 2009 – 2010

PLEASE PROVIDE COMPLETE INFORMATION AND PRINT LEGIBLY:

NAME: _____
SURNAME FIRST NAME MIDDLE NAME

NICKNAME: _____ YEAR: _____ SECTION: _____

BIRTHDAY: _____ BIRTHPLACE: _____

COMPLETE HOME ADDRESS: _____

BARANGAY: _____ CONGRESSIONAL DISTRICT: ___ ZIP CODE: _____ TEL. NO.: _____

CELLPHONE NUMBER: _____ E-MAIL ADDRESS: _____

	FATHER	MOTHER
NAME		
HOME ADDRESS (If different from the one above)		
CELLPHONE NO.		
E-MAIL ADDRESS		
OCCUPATION		
OFFICE		
OFFICE ADDRESS		
TEL. NO.		

GUARDIANS IN METRO MANILA:

	GUARDIAN	GUARDIAN
NAME		
RELATION TO STUDENT		
HOME ADDRESS		
OFFICE ADDRESS		
TEL. NO.		

NOTE TO THE STUDENT/PARENT:

Please notify the Registrar's Office in case of change of home address during the school year.