To be accomplished in three (3) copies

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

STUDENT DIRECTORY

SY 2011 – 2012

PLEASE PROVIDE COMPLETE INFORMATION AND PRINT LEGIBLY:

NAME: _____
SURNAME *FIRST NAME* *MIDDLE NAME*

NICKNAME: _____ *YEAR:* _____ *SECTION:* _____ *SIGNATURE:*_____

BIRTHDATE: _____ *BIRTHPLACE:* _____*RELIGION:*_____

*NATIONALITY:*_____ *CITIZENSHIP:*_____ *DUAL CITIZENSHIP?* Y/N. *IF YES PLS. SPECIFY.*_____

COMPLETE HOME ADDRESS: _____

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

CELLPHONE NUMBER: _____ *E-MAIL ADDRESS:* _____

*ELEMENTARY SCHOOL ATTENDED:*_____

*COMPLETE ELEMENTARY SCHOOL ADDRESS:*_____

	FATHER	*MOTHER*
NAME		
SPECIMEN SIGNATURE		
HOME ADDRESS (if different from above)		
TEL NO		
CITIZENSHIP		
CELLPHONE NO.		
E-MAIL ADDRESS		
OCCUPATION		
OFFICE		
OFFICE ADDRESS		
TEL. NO.		

GUARDIANS IN METRO MANILA:

	GUARDIAN	*GUARDIAN*
NAME		
SPECIMEN SIGNATURE		
RELATION TO STUDENT		
HOME ADDRESS		
TEL NO		
OFFICE ADDRESS		
TEL. NO.		

HAS THE STUDENT AVAILED OF ANY REVIEW CENTER BEFORE TAKING THE NCE? **YES/NO**
*IF YES, INDICATE NAME & ADDRESS*_____

NOTE TO THE STUDENT/PARENT: ***Please notify the STUDENT SERVICES DIVISION for any change in the above information during the school year.***