

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

GUIDANCE DIRECTORY

PLEASE PROVIDE COMPLETE INFORMATION AND PRINT LEGIBLY:

NAME: _____
Surname First Name M.I.

NICKNAME: _____ YEAR: _____ SECTION: _____

BIRTHDAY: _____ BIRTHPLACE: _____

ELEMENTARY SCHOOL & ADDRESS: _____

RELIGIOUS AFFILIATION: _____

COMPLETE HOME ADDRESS: _____

ZIP CODE: _____

TEL. NO. (Home): _____ CELLPHONE #: _____

NAME OF FATHER: _____ SIGNATURE: _____

OCCUPATION: _____ OFFICE: _____

OFFICE ADDRESS: _____

HOME ADDRESS: (If not same as above) _____

NAME OF MOTHER: _____ SIGNATURE: _____

OCCUPATION: _____ OFFICE: _____

OFFICE ADDRESS: _____

HOME ADDRESS: (If not same as above) _____

GUARDIAN IN METRO MANILA:

NAME: _____ SIGNATURE: _____

RELATION TO STUDENT: _____

HOME ADDRESS: _____

TEL. NO.: _____

OFFICE ADDRESS: _____

TEL. NO. : _____

DID YOU AVAIL OF ANY REVIEW CENTER BEFORE YOU TOOK THE PSHS NCE? _____

IF YES, WHERE? _____