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**EXAMINEE NO.**

**CHECKLIST OF REQUIREMENTS:**

**DO NOT FILL OUT. For Admissions Committee only.**

- \_\_\_\_ Accomplished UPRHS AF1
- \_\_\_\_ Applicant's Permanent Record/ Form 137 (Certified as **true copy** by the principal or registrar)
- \_\_\_\_ TWO (2) Identical 2"x 2" photos
- \_\_\_\_ Accomplished UPRHS AF4
- \_\_\_\_ Application Fee
- \_\_\_\_ Latest Income Tax Return
- \_\_\_\_ Certificate of Tax Exemption/ Certificate of Indigency

PASTE (1) ID  
2" X 2" PHOTO HERE

**PRINT ALL INFORMATION ASKED FOR. Write NA if not applicable. DO NOT leave any space blank.**

LRN: \_\_\_\_\_

NAME: \_\_\_\_\_  
FAMILY NAME
FIRST NAME
MIDDLE NAME

DATE OF BIRTH (mm/dd/yy): \_\_\_/\_\_\_/\_\_\_ • PLACE OF BIRTH: \_\_\_\_\_

GENDER:  MALE  FEMALE • CITIZENSHIP: \_\_\_\_\_ • UPLB DEPENDENT:  YES  NO

HOME ADDRESS: \_\_\_\_\_  
ZIPCODE: \_\_\_\_\_
TEL. NO: \_\_\_\_\_

ELECTRONIC MAIL (EMAIL) ADDRESS: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

PRESENT SCHOOL \_\_\_\_\_ SCHOOL ID: \_\_\_\_\_

LEVEL: GRADE  6  7 • TYPE OF SCHOOL:  PUBLIC  PRIVATE  HOME STUDY • TEL. NO: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

Average Grade In Grade 5: \_\_\_\_\_ • Rank in Grade V:  top 10  upper 25%  middle 50%  lower 25%

TOTAL NUMBER OF PUPILS IN THE GRADUATING CLASS: \_\_\_\_\_

**PARENTS' PROFILE**

	FATHER	MOTHER
Full Name		(Maiden Name)
Age/ Occupation	/	/
Business Address & Tel. No.		
Mobile Contact No.		

ANNUAL FAMILY GROSS INCOME: (Includes All earning family members): Kindly check the appropriate bracket.

A. From salary (combined):

- |  |  |
|--|--|
| ____ 1. Less than P80,000                    | ____ 4. Over P250,000 but less than P500,000   |
| ____ 2. Over P80,000 but less than P140,000  | ____ 5. Over P500,000 but less than P1,000,000 |
| ____ 3. Over P140,000 but less than P250,000 | ____ 6. Over P1,000,000                        |

B. Other Sources of Income: \_\_\_\_\_

**I certify that the information and credentials submitted in support of this application are true and complete to the best of my knowledge.**

ATTESTED BY:

\_\_\_\_\_  
Signature of Parent/ Guardian over printed name

\_\_\_\_\_  
Student's Signature

**DO NOT FILL OUT. FOR ADMISSIONS COMMITTEE ONLY.**

EXEMPTED  NOT EXEMPTED Received By: \_\_\_\_\_ Date Of Filling: \_\_\_\_\_