



Republic of the Philippines
BICOL STATE COLLEGE OF APPLIED SCIENCES AND TECHNOLOGY
 City of Naga
 Telephone No. (054) 4720416 Loc.128 Fax No. (054) 4720415
 Website: www.biscast.edu.ph E-mail Address: admission@biscast.edu.ph

1.5" x 1.5"
 colored picture
 (your most recent
 picture).
 white background,
 nameplate with
 signature

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS

GUIDANCE, TESTING AND ADMISSION OFFICE

APPLICATION FORM FOR ADMISSION
(Senior High School Graduate of the K to 12 Program)

To The Applicant,

Application No. _____
 Testing Fee _____
 O.R. Number _____
 Recorded by _____

Please read carefully and completely fill in the necessary details.

ONLY PROPERLY AND COMPLETELY FILLED UP FORMS will be accepted and be scheduled for the Admission Test.

PRINT ALL ENTRIES.

1. **Last Name:** ALCANTARA **Suffix:** _____
First Name: KHEN JOMARIE
Middle Name: LUMBAO

2. A. Preferred Program (1st Choice)
☒ College of Engineering and Architecture: Program; _____
☐ College of Education: Program; _____
☐ College of Arts and Sciences: Program; _____
☐ College of Trades and Technology: Program; _____

B. Preferred Program (2nd Choice)
☒ College of Engineering and Architecture: Program; _____
☐ College of Education: Program; _____
☐ College of Arts and Sciences: Program; _____
☐ College of Trades and Technology: Program; _____

3. Why do you want to study in BISCAST? _____

4. How did you know about BISCAST? _____

5. **SEX:** ☐ Male ☐ Female

6. **CITIZENSHIP:** ☐ Filipino ☐ Others (Specify) _____

7. RELIGION: _____
8. CIVIL STATUS: _____ Spouse Name: _____
9. DATE OF BIRTH: (month/day/year) _____ PLACE OF BIRTH: _____
10. AGE: _____
11. PERMANENT HOME ADDRESS:
- | | |
|------------------------|----------------------|
| | |
| Number and Street | Subdivision/Barangay |
| | |
| City/Town and Province | Zip Code |
12. CONTACT NUMBER: _____
13. NAME OF SENIOR HIGH SCHOOL _____ DATE OF GRADUATION _____
- ADDRESS _____
14. SENIOR HIGH SCHOOL TRACK/STRAND: _____
15. HONORS/AWARDS RECEIVED _____
16. TALENTS AND SKILLS _____
16. CONTACT PERSON (*In case of emergency*)
- Name _____ Contact Number: _____
17. MONTHLY FAMILY INCOME:
- | | |
|--|--|
| <input type="checkbox"/> below P5,000.00 | <input type="checkbox"/> P20,000.00 – less than P25,000.00 |
| <input type="checkbox"/> P 5,000.00 – less than P10,000.00 | <input type="checkbox"/> P25,000.00 – less than P30,000.00 |
| <input type="checkbox"/> P10,000.00 – less than P15,000.00 | <input type="checkbox"/> P30,000.00 – less than P35,000.00 |
| <input type="checkbox"/> P15,000.00 – less than P20,000.00 | <input type="checkbox"/> P35,000.00 and above |

CERTIFICATION

I HEREBY DECLARE THAT ALL THE INFORMATION HEREIN PROVIDED ARE TRUE AND CORRECT AND THAT I SHALL ABIDE BY THE POLICIES/GUIDELINES GOVERNING ADMISSION TO THE BICOL STATE COLLEGE OF APPLIED SCIENCES AND TECHNOLOGY (BISCAST).

I FURTHER CERTIFY THAT I HAVE NEVER BEEN ENROLLED IN ANY COURSE/SUBJECTS/S BEYOND HIGH SCHOOL AND IF ANY OF THE INFORMATION INDICATED HEREIN IS FOUND OUT TO BE FALSE AND INCORRECT, MY APPLICATION FOR ADMISSION TO BISCAST WILL BE NULL AND VOID AND THAT BISCAST IS NOT IN ANYWAY RESPONSIBLE FOR THE MISREPRESENTATIONS I HAVE DECLARED.

Signature of Applicant

Signature of Parent/Guardian over Printed Name