Disclosure:

By accomplishing this Registration Form, the registrant hereby consents to the collection, processing and storing of personal data by the Bureau of Education Assessment for the exclusive purpose of facilitating his/her application for the Qualifying Examination in Arabic Language and Islamic Studies (QEALIS).

most recent 1x1 ID PICTURE with name tag

Republic of the Philippines Department of Education BUREAU OF EDUCATION ASSESSMENT

Qı	ıalifying Exami	nation in Arabi	c La	angua	ge an	d Islam	ic Studie	s (QEALI	S)	
		REGIST				RM				
Name of Registrant	Last Name (Apelyido)		First	First Name (Pangalan)						MI
(Pangalan ng Mag-eexam)	Bautista			Sollesa						
Mailing Address	Purok 3 Upper Doongan Butuan City									
Email Address		Date of Birth (Petsa ng Kapanganakar [MONTH/DD/YYYY   June/11/2007]		_		PWD Alarso 19, 2023 PWD [Y/N]		Contact Number		
ummuhsufyan14@gmail.com		July/14/1994		F		28	N	9475048779		
Citizenship (Pagkamamamayan)		Date of Registration (Petsa [MONTH/DD/YYYY   June					tional Attainment Antas ng Pinag-aralan)	Background in Islamic Educatio		ıcation
Filipino		July/14/1994				College	Completed an Islamic			
School Currently Assigned (Paaralan na Pinag		tuturuan sa Kasalukuyan)				Division (Dibisy	Region (Rehiyon)			
	, , ,	, ,		Butuan			CARAGA			
Testing Center,	/ Division - [Region of Origin of	Registrant]						•		
			SOLLESA BAUTISTA Signature over Printed Name of Registrant							
				LUATOF	ONLY	ature over Fill	teu Name of Regis	ili dili		
Checklist & Requirements:  Birth Certificate/Affidavit of Live Birth Photocopy of any valid ID/Barangay Clearance/ Certificate of Residency College OTR or diploma/					Remarks:	QUALIF	FIED	] NOT QUALIFI	ED	
Any o	h School SF10 or diploma document that shows academic bar ation, such as school records with a ation or Certificate of Completion of se	electives related to Islamic				Nove	Q Cianakura	of Frankrick on / I		
						Nam	e & Signature o	of Evaluator / I	Date	