PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM CAMPUS: CENTRAL VISAYAS CAMPUS

STUDENT INFORMATION SHEET

School Year <u>2020-2021</u>

PLEASE PROVIDE COMPLETE INFORMATION AND PRINT LEGIBLY:

NAME:				SEX:		
Surname	Given	Name	Middle Name			
NICKNAME:	GRADE LEVEL:		SEC	CTION:		
BIRTHDATE:	BIRTHPLACE:		RELIC	RELIGION:		
NATIONALITY:	CITIZENSHIP:		IF DUAL, PLS. SPECIFY			
COMPLETE HOME ADDRES			BARANGAY:			
TOWN/CITY:	PROVINCE:		CONGRESSIONAL I	CONGRESSIONAL DISTRICT: ZIP CODE:		
TELEPHONE NO.:	CELLPHONE NO.:		E-MAIL ADDRESS:			
PREVIOUS SCHOOL ATTEN	IDED					
SCHOOL ADDRESS:						
NO OF GRADUATES	FINAL	AVERAGE	HONOR/S RECEIVED			
CONTACT PERSON/S DETA	AILS					
NAME		FA	ATHER		MOTHER	
NAME						
SPECIMEN SIGNATURE						
HOME ADDRESS (if different above)	ent from					
TEL NO						
CITIZENSHIP						
CELLPHONE NO.						
E-MAIL ADDRESS						
OCCUPATION						
OFFICE						
OFFICE ADDRESS						
TEL. NO.						
GUARDIANS WHILE STUDY	'ING AT I	PSHS	:			
=		GU	ARDIAN	(GUARDIAN	
NAME						
SPECIMEN SIGNATURE						
RELATION TO STUDENT						
HOME ADDRESS						
TEL NO						
OFFICE ADDRESS						

NOTE TO THE STUDENT/PARENT: Please notify the REGISTRAR'S OFFICE for any change in the above information during the school year.