For further inquiries, visit:
HS Guidance Office
3rd Floor, St. Albert Building, UST-Legazpi Rawis Campus
or call (052) 482-0201 to 04,
(052) 736-0335, (052) 736-0358, (052) 736-0368
local 230

Junior High School Admission Test
APPLICATION FORM
SY 2019-2020

Science High School Program
PAASCU Level II Re-accredited
GUIDELINES

REQUIREMENTS
- Duly accomplished Application Form
- Testing Fee of P550.00
- 2 copies of 2"x2" picture with name tag

PROCEDURE
1. Accomplish the Application Form which is available at the HS Guidance/Principal’s Office, St. Albert Building, UST-Legazpi Rawis Campus.
2. Pay the Testing Fee of P550.00 at the Cashier’s Office, UST-Legazpi Rawis Campus, Legazpi City. (Business Hours: 7:30 am to 5:00 pm, Mondays to Fridays, NO NOON BREAK)
3. Submit to the HS Guidance Office (located at the 3rd Floor, St. Albert Building, UST-Legazpi Rawis Campus) the accomplished form and the receipt of payment. In return, you shall be given the TEST PERMIT.
4. Take the Junior High School Admission Test on the date specified in the test permit.

DEADLINE OF SUBMISSION OF APPLICATION FORM
The allotted number of examinees per schedule is limited; therefore, the above-mentioned requirements must be submitted immediately to the HS Guidance Office. First come, first served.

TEST COVERAGE
The test will cover the following subject areas: English, Math, Science and IQ/Mental Ability Test.

APPLICATION FORM

APPLICATION NO. ________________________  Receipt No. ________________________

Instructions:
Print or type information asked for. Only correct and completely filled-out application forms will be considered for examination purposes. Please use black pen.

LAST NAME __________________________
GIVEN NAME __________________________
MIDDLE NAME __________________________
DATE OF BIRTH _________________________
RELIGION ______________________________
NATIONALITY __________________________
AGE ______________________ LEARNER REFERENCE NUMBER (LRN) ___________
PERMANENT MAILING ADDRESS __________________________
EXAMINATION SCHEDULE DATE: ____________ TIME: ____________
CONTACT NO. __________________________
NAME AND ADDRESS OF PRESENT SCHOOL __________________________
NAME OF SCHOOL HEAD __________________________
HONORS/AWARDS/CITATIONS RECEIVED __________________________
HOBBIES/SPECIAL SKILLS __________________________

FAMILY BACKGROUND
NAME OF MOTHER __________________________
NAME OF FATHER __________________________
OCCUPATION __________________________
OCCUPATION __________________________
PLACE OF WORK __________________________
PLACE OF WORK __________________________
CONTACT NO. __________________________
CONTACT NO. __________________________

PROGRAM PREFERENCE
- Science High School
- Special Program in the Arts
- General Curriculum

GRADE LEVEL
- Freshman (Grade 7)
- Transferee (Grade ________)

INSTRUCTIONS ON EXAM DAY
1. Bring your permit.
2. Bring two (2) pencils.
3. Use this PERMIT in claiming your test result.
4. Testing fee is non-refundable in case you fail to take the exam.

RELEASE OF TEST RESULTS
Receipt No. ________________
AF Received by: ________________
Date Received: ________________

UNIVERSITY OF SANTO TOMAS-LEGAZPI
HIGH SCHOOL DEPARTMENT
St. Albert Building, Rawis Campus, Legazpi City