2016 DOST-PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM NATIONAL COMPETITIVE EXAMINATION (NCE) APPLICATION FORM

THESE MATERIALS ARE NOT FOR SALE. THEY MAY BE PHOTOCOPIED AND MAY BE DOWNLOADED FROM www.pshs.edu.ph

Instructions:
Please accomplish this form in two copies. Type or print legibly all information needed. DO NOT ABBREVIATE. DO NOT LEAVE ANY ITEM BLANK. Countersign all erasures and corrections made.

DEADLINE OF SUBMISSION: September 2, 2016

Staple Only
1″ x 1″ Photo

PERSONAL DATA:

1) NAME OF PUPIL-APPLICANT: ***(Last Name, First Name, Middle Name)***

2) BIRTHDATE: M M D D Y Y Y Y

3) SEX: ☐ **MALE** ☐ **FEMALE**

4) CONTACT NUMBERS: (pls. include all possible contact numbers)

5) EMAIL ADDRESS:

6) COMPLETE HOME/ PERMANENT ADDRESS: (pls. include your zip code)

BARANGAY NAME (based on your residence): _____

CONSIDER THE FOLLOWING WHEN CHOOSING A CAMPUS:

1. The **score in the NCE** is the major basis for qualifying to any PSHS campus.
2. All examinees are ranked from highest to lowest. The top 240 qualifiers irrespective of region of origin will be invited to enroll at the Main Campus but acceptance to the invitation is not compulsory.

TO BE FILLED UP BY THE PARENTS:

	YES	NO
1. Is your child a Filipino citizen?	☐	☐
2. Does your child belong to the Indigenous Cultural Communities? *If YES, pls. specify:* _____	☐	☐
3. Does your child have a pending or approved application as immigrant in any foreign country?	☐	☐
4. Has your child taken the PSHS National Competitive Examination before?	☐	☐
5. If not qualified in the Main Campus (MC), are you willing to enroll your child in a Regional Campus she/he will qualify in? (If NO, your child will be considered for ranking, as principal or alternate qualifier, **ONLY in the MC, Quezon City**.)	☐	☐

*Please check the regional campus (**choose only ONE**) if answer in **No.5 is YES**.*

- ☐ **ILOCOS REGION –** San Ildefonso, Ilocos Sur
- ☐ **CAGAYAN VALLEY –** Bayombong, Nueva Vizcaya
- ☐ **CENTRAL LUZON –** Clark Freeport Zone, Pampanga
- ☐ **CALABARZON –** Batangas City
- ☐ **MIMAROPA –** Odiongan, Romblon
- ☐ **BICOL REGION –** Goa, Camarines Sur
- ☐ **WESTERN VISAYAS –** Jaro, Iloilo City
- ☐ **CENTRAL VISAYAS –** Argao, Cebu
- ☐ **EASTERN VISAYAS –** Palo, Leyte
- ☐ **ZAMBOANGA PENINSULA –** Dipolog City
- ☐ **CENTRAL MINDANAO –** Balo-i. Lanao del Norte
- ☐ **SOUTHERN MINDANAO –** Tugbok, Davao City
- ☐ **SOCCSKSARGEN –** Paraiso, Koronadal City
- ☐ **CORDILLERA ADMINISTRATIVE REGION** – Irisan, Baguio City
- ☐ **CARAGA –** Ampayon, Butuan City

I certify that the above information is true and correct. I understand that any false or misleading information will result to the disapproval of application/admission.

_____
Signature over Printed Name of Parents

TO BE FILLED UP BY THE SCHOOL AUTHORITY CONCERNED:

1) NAME OF SCHOOL (Write name of school in full):

2) COMPLETE SCHOOL ADDRESS:

3) SCHOOL TYPE: ☐ **Public** ☐ **Private**

4) GRADE LEVEL as of JUNE 2016: ☐

5) SCHOOL CONTACT NOS.:

6) Pupil-Applicant's FINAL GRADE IN SCIENCE (SY 2015-2016):

7) Pupil-Applicant's FINAL GRADE IN MATHEMATICS (SY 2015-2016):

8) Pupil-Applicant's FINAL CHARACTER RATING (SY 2015-2016):

I hereby certify that the pupil-applicant is currently enrolled in Grade 6 for SY 2016-2017.

_____
Signature over Printed Name of Principal/ School Head/ Registrar/ Teacher

(PLEASE DO NOT DETACH)

This serves as a proof of application. IMPORTANT: This DOES NOT serve as the test permit.

NAME OF PUPIL-APPLICANT: _____

NAME OF SCHOOL: _____

Submit the following upon filing of application:

- Fully accomplished Application Form in two (2) copies
- Two (2) identical recent 1 x 1 ID pictures
- Non-refundable test fee – P 100 for private school students/**Free for public school students**
- Certified true copy of report card (SY 2015-2016)
- If final grade in Science and/ or Math is below 85, submit a certification or proof that the child belongs to the upper 10% of the class.

Recommendation of the PSHS Registrar/DOST or PSTO Coordinator:

As per data above:
Approved: [ ]
Disapproved: [ ]

Reason/s for Disapproval:
_____
_____

Processed by: ☐ DOST _____ ☐ PSHS _____

Date: _____

To be accomplished by the PSHS Cashier:

Mode of Payment: [ ] Cash [ ] Money Order

No. of Applicants: _____ (for group filing)

Amount Paid: _____

No. of stamps issued: _____

Series Number: _____

Payment Received by: _____

Date: _____

REMINDERS TO THE EXAMINEE:

1. Be at your testing center on **October 22, 2016** one (1) hour before your scheduled examination (either a.m. or p.m. as indicated in the exam permit).
2. Present the **Examination Permit** and your **school I.D.** to the Proctor/ Room Examiner.
3. Bring at least **two sharpened #2 pencils**, a **good eraser** and **snacks.**
4. **If you do not receive your examination permit two (2) weeks before the exam, you may visit or call the nearest PSHS Campus or call PSHSS-Admissions Office at telephone no. (02) 939-PSHS (9397747) or check at www.pshs.edu.ph**.
5. In case of emergency (e.g. adverse weather conditions, impassable roads due to floods and earth quake), the NCE may be postponed. You should call the PSHSS Admissions Office or the nearest PSHS Campus or check www.pshs.edu.ph for announcements.
6. You will be notified if you qualify to enroll at PSHS either by mail or you may also check results at **www.pshs.edu.ph**. You may also inquire from the nearest PSHS Regional Campus or call PSHSS-Admissions Office, Tel. No.: (02) 939-PSHS (9397747).

Admissions Office
OED, PSHSS