APPLICATION FORM FOR ENTRANCE EXAM
(Basic Education Department)

Please check:  □ New  □ Transferee  □ Returnee

<table>
<thead>
<tr>
<th>Grade Level Applying For:</th>
<th>School Year: 20___ – 20___</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Date of Birth: (Month/Day/Year)</td>
</tr>
<tr>
<td>First Name:</td>
<td>Age:</td>
</tr>
<tr>
<td>Middle Name:</td>
<td>Gender:  □ Male  □ Female</td>
</tr>
<tr>
<td>Permanent/Mailing Address:</td>
<td>Citizenship:</td>
</tr>
<tr>
<td>Telephone No.:</td>
<td>Name of Parent/Guardian:</td>
</tr>
<tr>
<td>Mobile No.:</td>
<td>E-mail Address:</td>
</tr>
<tr>
<td>School Last Attended:</td>
<td>School Address:</td>
</tr>
</tbody>
</table>

**STEP 1:** Secure and accomplish an application form for BED Entrance Examination.

**STEP 2:** Submit application form together with the following requirements to the Registrar’s Office.
- Two (2) copies of I.D. picture (2x2 in size with white background)
- Photocopy of Form-138 or Report Card (at least 2nd quarter)

**Note:** Submit additional documents for enrolment: Original Report Card (with complete grades), PSA Birth Certificate (2 photocopies), Baptismal Certificate – if applicable (2 photocopies), Certification of Good Moral Character.

For International Students: Alien Certificate of Registration (ACR) and Study Permit.

**STEP 3:** Pay the Entrance Exam Fee at the Accounting Office. (Payment mode is not refundable and transferable)

**STEP 4:** Secure the date of Entrance Exam from the BED Guidance Center.

**INFORMATION CONSENT AGREEMENT**

I am aware that Santa Isabel College of Manila will collect, use, transfer and dispose my personal information and that these records will be processed in compliance with the Data Privacy Act of 2012.

Thus, I hereby give my consent that the personal data in custody of Santa Isabel College of Manila may be used by the school for the processing of the student’s application in the Basic Education Department.

Signed by: ___________________________________________  Date: ________________ (Month/Day/Year)

(Signature of Parent/Guardian over Printed Name)

Received and Checked by:

Registrar’s Staff  Accounting Staff  Guidance Staff

(Initials and Full Name)

**BED ENTRANCE EXAM PERMIT**

Examinee No.:  Receipt No.:  Date of Filing of Application:

Name (Printed):  Last Name:  First Name:  Middle Name:

**EXAM DETAILS:**
Date: _____/_____/_______  Time: __________ _ AM  PM  Venue:

Information for BED Entrance Exam:
- Examinees will use pencil during the test.
- Examinees will not be allowed to go out of the testing room once the exam has started.
- Latecomers will not be admitted in the examination room and will be rescheduled for another testing day.

Confirmed by: ___________________________________________  Date: ________________ (Month/Day/Year)

(Signature of Parent/Guardian over Printed Name)

For inquiries, you may call us at (02) 525-94-16 to 19 local 144 (Registrar’s Office) or local 148 (BED Guidance Center).