



APPLICATION FORM FOR ENTRANCE EXAM
(Senior High School)

Please check: New Old Transferee Returnee

Grade Level Applying For: <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12		School Year: 20__ – 20__	
Preferred Track or Strand: ACADEMIC TRACK <input type="checkbox"/> Accountancy, Business and Management (ABM) <input type="checkbox"/> Humanities and Social Sciences (HUMSS) <input type="checkbox"/> Science, Technology, Engineering and Mathematics (STEM) ARTS AND DESIGN TRACK <input type="checkbox"/> Performing Arts - Music		TECHNICAL-VOCATIONAL-LIVELIHOOD TRACK Information and Communications Technology <input type="checkbox"/> Computer Programming <input type="checkbox"/> Visual Graphics Design Home Economics <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Food and Beverage Services/Housekeeping	
Last Name:		Date of Birth: (Month/Day/Year)	Age:
First Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship:
Middle Name:		Name of Parent/Guardian:	
Permanent/Mailing Address:			
Telephone No.:	Mobile No.:	E-mail Address:	
School Last Attended:		Classification: <input type="checkbox"/> Private <input type="checkbox"/> Public	

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

STEP 2: Submit application form together with the following requirements to the Admissions Office.

- Two (2) copies of I.D. picture (2x2 in size with white background)
- Photocopy of Form-138 or Report Card of current Grade Level (at least 2nd quarter)

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 Admissions Office.

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 Senior High School of the Basic Education Department.

Signed by: _____
(Signature over Printed Name of Parent/Guardian/Applicant)

Date: _____
(Month/Day/Year)

Received and Checked by:

Admission Staff

Accounting Staff

Guidance Staff



SANTA ISABEL COLLEGE OF MANILA
Basic Education Department
www.santaisabel.edu.ph

SHS ENTRANCE EXAM PERMIT

Examinee No.:	Receipt No.	Date of Filing of Application:	
Name (Printed)	Last Name:	First Name:	Middle Name:
EXAM DETAILS:	Date: ___/___/___	Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Venue:

For inquiries, you may call us at (02) 525-94-16 to 19
local 108 (Admissions Office) or local 148 (BED Guidance Center).

Confirmed by: _____