

Republic of the Philippines
Department of Science and Technology
PHILIPPINE SCIENCE HIGH SCHOOL-BICOL REGION CAMPUS
Goa, Camarines Sur

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STUDENT DIRECTORY
SY 2015-2016

PLEASE PRINT LEGIBLY:

NAME:

SURNAME	FIRST NAME	MIDDLE NAME
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NICKNAME: _____ YEAR: _____ SECTION: _____

AGE: _____ BIRTHDAY: _____ BIRTHPLACE: _____

COMPLETE HOME ADDRESS: No. _____ St. _____

Barangay/Village: _____ Municipality/City: _____

District: _____ Province: _____ ZIP CODE: _____

LANDLINE NUMBER (with Area code): _____ MOBILE NUMBER: _____

EMAIL ADDRESS _____

NAME OF SCHOOL LAST ATTENDED (For the Incoming Grade 7):

COMPLETE SCHOOL ADDRESS:

NAME OF FATHER : _____ SIGNATURE : _____

OCCUPATION : _____ OFFICE : _____

OFFICE ADDRESS : _____ TEL. NO. _____

NAME OF MOTHER : _____ SIGNATURE : _____

OCCUPATION : _____ OFFICE : _____

OFFICE ADDRESS : _____ TEL. NO. _____

GUARDIAN/S IN GOA /NEAREST GUARDIANS:

1. NAME : _____ SIGNATURE : _____

RELATION TO STUDENT : _____

HOME ADDRESS : _____

_____ TEL. NO. _____

OFFICE ADDRESS : _____

_____ TEL. NO. _____

2. NAME : _____ SIGNATURE : _____

RELATION TO STUDENT : _____

HOME ADDRESS : _____

_____ TEL. NO. _____

OFFICE ADDRESS : _____

_____ TEL. NO. _____

NOTE TO THE STUDENT/PARENT:

Please notify the Registrar's Office in case of change of home address and contact numbers during the school year.

Sketch the location of your house indicating major streets and land marks at the back.