



Republic of the Philippines
BICOL STATE COLLEGE OF APPLIED SCIENCES AND TECHNOLOGY
 City of Naga
 Telephone No. (054) 881-2231 Loc.128
 Website: www.biscast.edu.ph E-mail Address: admission@biscast.edu.ph

1.5" x 1.5"
 colored picture (your
 most recent picture),
 white background with
 nameplate and signature

OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS
ADMISSION AND TESTING CENTER

APPLICATION FOR COLLEGE ADMISSION
 (SENIOR HIGH SCHOOL GRADUATE OF THE K TO 12 PROGRAM/BASIC EDUCATION CURRICULUM/ALS PASSER)

BISCST respects your right to privacy as it adheres to the Data Privacy Act of 2012 and all relevant to privacy and data protection laws. By proceeding with this application email, you agree to have your personal details collected for the above mentioned purposes

*To the Applicant,
 Carefully read and answer completely the necessary details.
ONLY COMPLETE AND CORRECTLY FILLED-OUT FORMS will be accepted
 and scheduled for the Admission Test.*

Control No. _____
*The Testing fee is waived as compliance with the
 RA 10931 other known as the "Universal Access to
 Quality Tertiary Education Act".*

PRINT ALL ENTRIES IN CAPITAL LETTERS.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME

SEX: Male Female DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
mm/dd/yyyy

AGE: _____ CITIZENSHIP: Filipino Others: _____ RELIGION: _____

CIVIL STATUS: _____ SPOUSE (If applicable): _____

CONTACT NUMBER: _____ EMAIL ADDRESS: _____

PERMANENT HOME ADDRESS: _____
NUMBER AND STREET SUBDIVISION/BARANGAY CITY/TOWN & PROVINCE ZIP CODE

TALENT AND SKILLS: _____

DO YOU HAVE ANY HEALTH CONCERNS? None Yes, please specify: _____

PLEASE CHECK ALL THAT APPLIES:

- Single Parent Working Student, specify work: _____
 Person with Special Needs, please specify: _____ Indigenous People, specify tribe: _____

PREVIOUS SCHOOL ATTENDED

NAME OF SCHOOL: _____

ADDRESS: _____

SHS TRACK/STRAND: _____ LAST S.Y ATTENDED: _____ - _____

DATE OF GRADUATION: _____ HONORS/AWARDS RECEIVED: _____

GENERAL WEIGHTED AVERAGE (GWA): _____

FAMILY BACKGROUND

MOTHER'S MAIDEN NAME: _____ CONTACT NO.: _____

OCCUPATION: _____ EDUCATIONAL ATTAINMENT: _____

PLEASE CHECK ALL THAT APPLIES:

- Single Parent Overseas Filipino Worker (OFW), country: _____
 Person with Special Needs, please specify: _____ Indigenous People, specify tribe: _____

FATHER'S NAME: _____ CONTACT NO.: _____

OCCUPATION: _____ EDUCATIONAL ATTAINMENT: _____

PLEASE CHECK ALL THAT APPLIES:

- Single Parent Overseas Filipino Worker (OFW), country: _____
 Person with Special Needs, please specify: _____ Indigenous People, specify tribe: _____

GUARDIAN'S NAME: _____ CONTACT NO.: _____

RELATIONSHIP: _____

MONTHLY FAMILY INCOME:

- Below Php 5,000.00 Php 15,000.00 – less than Php 20,000.00 Php 30,000.00 – less than Php 35,000.00
 Php 5,000.00 – less than Php 10,000.00 Php 20,000.00 – less than Php 25,000.00 Php 35,000.00 – less than Php 50,000.00
 Php 10,000.00 – less than Php 15,000.00 Php 25,000.00 – less than Php 30,000.00 Php 50,000.00 and above

NUMBER OF HOUSEHOLD MEMBERS: _____ NUMBER OF SIBLINGS: _____ BIRTH ORDER: 1st 2nd _____

NAME OF SIBLINGS	AGE	OCCUPATION	NAME OF SIBLINGS	AGE	OCCUPATION

OTHER INFORMATION

PREFERRED PROGRAM IN BICAST: (Please check the college and indicate the specific program)

First Choice: CAD COE CAS CTT CEng _____
Second Choice: CAD COE CAS CTT CEng _____

WHY DO YOU WANT TO STUDY IN BICAST?

CONTACT PERSON IN CASE OF EMERGENCY:
COMPLETE NAME: _____ CONTACT NUMBER: _____
RELATIONSHIP: _____

CERTIFICATION

*I hereby certify that all the information herein provided are true and correct and that I shall abide by the policies/guidelines governing admission to the Bicol State College of Applied Sciences and Technology (BICAST).
I further certify that I have never been enrolled in any course/subject/s beyond high school and if any of the further information indicated herein is found out to be false and incorrect, my application for admission to BICAST will be null and void and that BICAST is not in any way responsible for the misinterpretations I have declared.*

SIGNATURE OVER PRINTED NAME OF THE APPLICANT

SIGNATURE OVER PRINTED NAME OF THE PARENT/GUARDIAN