



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 JUNIOR HIGH SCHOOL ADMISSION  
 (GRADE 6 COMPLETER)**

*BISCAST 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.  
**PRINT ALL ENTRIES IN CAPITAL LETTERS.**

Control No. \_\_\_\_\_  
 Testing Fee: \_\_\_\_\_  
 OR Number: \_\_\_\_\_

**PERSONAL INFORMATION**

LAST NAME	FIRST NAME	MIDDLE NAME

LEARNER REFERENCE NUMBER (LRN): \_\_\_\_\_

SEX:  Male  Female      DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_      PLACE OF BIRTH: \_\_\_\_\_  
mm/dd/yyyy

AGE: \_\_\_\_\_      CITIZENSHIP:  Filipino  Others: \_\_\_\_\_      RELIGION: \_\_\_\_\_

CIVIL STATUS: \_\_\_\_\_      CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PERMANENT HOME ADDRESS: \_\_\_\_\_

NUMBER AND STREET	SUBDIVISION/BARANGAY	CITY/TOWN & PROVINCE	ZIP CODE
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TALENT AND SKILLS: \_\_\_\_\_

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

PLEASE CHECK ALL THAT APPLIES:

Belong to Indigenous People (IP), specify tribe: \_\_\_\_\_       Working Student, specify work: \_\_\_\_\_

Person with Disability (PWD), specify disability: \_\_\_\_\_

**PREVIOUS SCHOOL ATTENDED**

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF GRADUATION: \_\_\_\_\_      LAST A.Y ATTENDED: \_\_\_\_\_ - \_\_\_\_\_

HONORS/AWARDS RECEIVED: \_\_\_\_\_

**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

**CONTACT PERSON IN CASE OF EMERGENCY:**

COMPLETE NAME: \_\_\_\_\_ CONTACT NUMBER: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

**CERTIFICATION**

*I/We declare that all the information herein provided are true and correct and that we shall abide by the policies/guidelines governing admission to the Bicol State College of Applied Sciences and Technology (BISCAST).*

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF THE APPLICANT

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF THE PARENT/GUARDIAN

**TO THE SCHOOL PRINCIPAL/REGISTRAR/ADVISER/GUIDANCE COORDINATOR**

The bearer is presently applying for Admission to BICAST for School Year \_\_\_\_\_. In this regard, may we request for your assistance to fill up the necessary information needed in assessing the student. Thank you very much and God Bless.

**GRADE 6 ACADEMIC RECORDS**

LEARNING AREAS	1ST QUARTER	2ND QUARTER	3RD QUARTER	4TH QUARTER	FINAL RATING
<b>General Weighted Average (GWA)</b>					

*This student belongs to the:*       Upper 10%       Upper 20%       Upper 40%       Upper 50% of the graduating class

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
<b>Emotional Stability</b>					
<b>Conscientiousness</b>					
<b>Adherence to Rules and Regulations</b>					
<b>Manner and Conduct</b>					
<b>Industriousness and Perseverance</b>					
<b>Social Attributes</b>					

*Comments which may help the Admission Committee decide on the Entrant's Application:*

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*I hereby certify as to the completeness and correctness of the foregoing record and that any erasure or alteration made in academic records above renders the whole academic records invalid.*

\_\_\_\_\_  
Principal/ School Registrar's Signature over Printed Name