



VALENZUELA CITY SCHOOL OF MATHEMATICS AND SCIENCE

A.Pablo St., Malinta, Valenzuela City
Telefax no. 8-291-5591

ADMISSION TEST APPLICATION FORM SY 2020 - 2021

(This form is not for sale, it may be photocopied or may be downloaded at
<http://valscience.webs.com/admission>)

Application no. _____

Staple only

1"x 1"

Photo

Instructions:

Fill out the data. Type or print legibly.

DO NOT ABBREVIATE. Countersign all erasures and corrections made.

Deadline of Submission: Jan. 10, 2020 **Date of First Screening:** February 1, 2020 (Saturday)

PERSONAL DATA:

1. NAME OF APPLICANT

Last name: _____

First name: _____

Middle name: _____

2. Sex: ☐ Male ☐ Female

6. Religion: _____

3. Date of Birth: _____

7. Contact No.: _____

4. Place of Birth: _____

8. Address: _____

5. Parent/Guardian: _____

I hereby certify that the above information are true and correct. I understand that any false or misleading information will result to disapproval of this application for admission.

Signature over printed name of
Student

Attested by: _____
Signature over printed name of
Parent/Legal Guardian

SCHOOL'S CERTIFICATION

1. NAME OF SCHOOL: _____

2. Complete School Address: _____

3. School Type: ☐ Public ☐ Private

4. School Contact No.: _____

5. School attended in Grade 5: _____

We hereby certify that:

- The applicant is officially enrolled in the school for School Year 2019-2020.
- He/She has met the following requirements:
 - has an average grade of at least **85 in ALL subject areas for the first two quarters in Grade 6**
 - NO grade lower than 80.**
- The applicant is of good moral character.
- The foregoing data /information are accurate.

Signature over printed name of
Class Adviser

Signature over printed name of
Principal

EXAMINATION PERMIT

Application No: _____ Date: _____

Name of Student: _____

Address: _____

School: _____

Date of Examination: **February 1, 2020 (Saturday) 7:00 am**

Place of Examination: **VCSMS-A. Pablo St., Malinta, Valenzuela City**

Remarks: _____ Processed by: _____

"Reminders"

- Be at your testing center at least 30 minutes before the schedule of examination.
- Present this examination permit and your school ID to the examiner.
- Bring at least two (2) sharpened soft lead pencils (Mongol #2) and a good eraser.

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1"x 1"

Photo

OMNIBUS CERTIFICATION OF AUTHENTICITY AND VERACITY OF DOCUMENTS

I, _____, Filipino, of legal age, with permanent address at _____, after being sworn in accordance with law, hereby depose and state that:

1. I am the _____ of _____
(Parent, Guardian) *(Name of Student)*
2. I have submitted the following documents of my _____, in connection with his/her application to Valenzuela City School of Mathematics and Science Admission Test:

a. VCSMS Admission Test Application Form

b. Certified True Copy of Grade 6 Report Card with at least First and Second Quarters Grades (Form 138-A)

c. Proof of Parents' residency in Valenzuela City (Voter's ID and Proof of Billing)

(For Student under guardianship)
 - Certification of parent that his/her child is under guardianship
 - Certification of guardian that the applicant is under his/her guardianship
 - Proof of Guardian residency in Valenzuela City (Voter's ID and Proof of Billing)
3. I am executing this Certification to attest to the authenticity and veracity of all documents submitted.
4. By executing this **Omnibus Certification of Authenticity and Veracity of Documents**, I hereby authorize the Valenzuela City School of Mathematics and Science, through the School Principal, to verify the authenticity of the abovementioned documents.

Signature over printed name
(Parent/Guardian)

Subscribed and sworn to before me this ____day of _____20____,
Affiant exhibiting his/her Residence Certificate No. _____ issued
at _____ on _____.

Doc. No.
Page No.
Book No.
Series of _____

Notary Public
