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IN THIS FORM MUST BE  
ORIGINAL

Republic of the Philippines  
**Department of Education**  
NATIONAL CAPITAL REGION  
DIVISION OF TAGUIG AND PATEROS  
**MAKATI SCIENCE HIGH SCHOOL**  
KALAYAAN AVE., BRGY. CEMBO, CITY OF TAGUIG

Once officially stamped, DO NOT detach photo. Missing stamped photo will make this info null and void. Attach another copy of the 1"x1" photo for the test permit

**APPLICATION FORM**  
**MAKATI SCIENCE HIGH SCHOOL ADMISSION TEST**  
**S.Y. 2024-2025**

Instruction: Write clearly in the box provided or check the box for the appropriate answer. Avoid erasures. For any erasure, the applicant should countersign the item corrected along the page margin. PLEASE ANSWER ALL ITEMS

**Deadline for Submission:**

**Date of Examination: 16 March 2024**

Name of Applicant	Print full name of students. Place one letter in each box and leave one box blank between names.
LRN	
LAST	
FIRST	
MIDDLE	

2. Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	3. Citizenship	
4. Date of Birth		5. Place of Birth		
6. Contact Number: Landline		Cell Phone No.		
Email Address				

7. Permanent Address					
No.	Street	District	City/Municipality	Province	Zip Code
8. Number of Children in the family	<input type="checkbox"/>	9. Birth Order of Applicant (1st child, 2nd child, etc.)		<input type="checkbox"/>	
10. Parent/Guardian's Name					
11. Contact Numbers					

12. Name of Elementary School (Do not Abbreviate)		
13. Former Name (if any)		
14. School Mailing Address (Number and Street, Subd. Village Barangay, City Town Province)		
15. School ID	Telephone/Mobile Nos.	School Email Address:

16. Type of School

Public

Private School

17. School Marking System (For letter grades, please attach a copy of the Grading Scale with the numeric equivalent of each grade in the scale.)

18.

SUBJECT	School Year _____ Grade 6 Final Grade	School Year _____ Grade 6 Final Grade (Type in the latest grades you have)			
		1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
English					
Filipino					
Mathematics					
Science					
Araling Panlipunan (AP)					
Edukasyon Sa Pagpapahalaga (ESP)					
Edukasyon Pantahanan at Pangkabuhayan (EPP)					
Musika, Sining at Edukasyon Pagpapalakas ng Katawan (MAPEH)					

- Affixed here is the school dry seal  
 This school has no dry seal

\_\_\_\_\_ Date

I certify to the completeness and correctness of the foregoing record

\_\_\_\_\_  
School Head's Signature  
Over printed name

\_\_\_\_\_  
Official Designation

**FORM A**

**CERTIFICATE OF GOOD MORAL CHARACTER**

TO WHOM IT MAY CONCERN:

This is to certify that \_\_\_\_\_ has consistently maintained good moral character, there having no disciplinary action taken against him/her as of the date of application.

\_\_\_\_\_  
Printed Name & Signature of Guidance Counselor

Date: \_\_\_\_\_

**FORM B**

**PRINCIPAL'S CERTIFICATION**

Name of School \_\_\_\_\_  
Address \_\_\_\_\_

TO WHOM IT MAY CONCERN:

This is to certify that \_\_\_\_\_ is a candidate for graduation for school year 2023-2024 and meets the minimum grade requirement for admission to Makati Science High School.

\_\_\_\_\_  
Printed Name & Signature of Principal

**FORM C**

**CERTIFICATE OF RESIDENCY**

TO WHOM IT MAY CONCERN:

This is to certify that \_\_\_\_\_ is a bonafide resident of \_\_\_\_\_ for \_\_\_\_\_ years/months . (For minority group , please indicate your tribe, if there is any. \_\_\_\_\_)

\_\_\_\_\_  
Printed Name & Signature of Barangay Official

**FORM D**

**HEALTH CERTIFICATE**

Health \_\_\_\_\_ Date \_\_\_\_\_  
Center/Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

This is to certify that I have examined \_\_\_\_\_  
Name of Applicant

And found him/her to be physically fit.

This certification is issued in connection with his/her application for the MAKATI SCIENCE HIGH SCHOOL ADMISSION TEST.

\_\_\_\_\_  
Printed Name & Signature of Medical Officer

\_\_\_\_\_  
Official Designation/License No.