

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM  
CAMPUS: CENTRAL MINDANAO CAMPUS

STUDENT INFORMATION SHEET

School Year 2023 - 2024

PLEASE PROVIDE COMPLETE INFORMATION AND PRINT LEGIBLY:

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
Surname Given Name Middle Name

NICKNAME: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ SECTION: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ IF DUAL, PLS. SPECIFY \_\_\_\_\_

COMPLETE HOME ADDRESS  
HOUSE NO.: \_\_\_\_\_ STREET: \_\_\_\_\_ BARANGAY: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ CONGRESSIONAL DISTRICT: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ CELLPHONE NO.: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PREVIOUS SCHOOL ATTENDED \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

NO OF GRADUATES \_\_\_\_\_ FINAL AVERAGE \_\_\_\_\_ HONOR/S RECEIVED \_\_\_\_\_

CONTACT PERSON/S DETAILS

	FATHER	MOTHER
NAME		
SPECIMEN SIGNATURE		
HOME ADDRESS (if different from above)		
TEL NO		
CITIZENSHIP		
CELLPHONE NO.		
E-MAIL ADDRESS		
OCCUPATION		
OFFICE		
OFFICE ADDRESS		
TEL. NO.		

GUARDIANS WHILE STUDYING AT PSHS- Central Mindanao Campus :

	GUARDIAN	GUARDIAN
NAME		
SPECIMEN SIGNATURE		
RELATION TO STUDENT		
HOME ADDRESS		
TEL NO		
OFFICE ADDRESS		
TEL. NO.		

NOTE TO THE STUDENT/PARENT: Please notify the REGISTRAR’S OFFICE for any change in the above information during the school year.