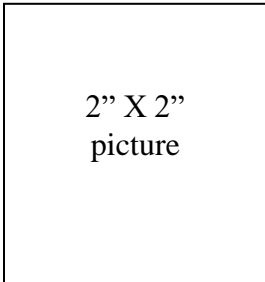




POLYTECHNIC COLLEGE OF THE CITY OF MEYCAUAYAN

Pag-asa St., Malhacan, City of Meycauayan, Bulacan
Tel. No: (044) 228-5442 Email: pccmbulacan@gmail.com



GUIDANCE & TESTING CENTER
Entrance Examination
Application Form
NO: _____

Application Requirements:

- 1. Report Card with 85% GWA (Form 138) (Xerox Copy)
- 2. Good Moral Certificate (Xerox Copy)
- 3. PSA Birth Certificate (Xerox Copy)
- 4. Mayor's Endorsement (Xerox Copy)
- 4. Proof of Residency/Voter's I.D. (Xerox Copy)
- 5. Medical Certificate (2 Xerox Copy with one picture)
- 6. Two (2) I.D. Pictures (2"x2" for guidance file)
- 7. One (1) Long Brown Envelope

(Note: Secure Mayor's Endorsement and Medical Certificate only after passing the PCCM Admission Procedure and securing the "ENROLLMENT PERMIT" from the guidance office.)

Instruction: Please provide truthful and complete information on the items being asked below.

Name: _____
(Surname) (First Name) (Middle Name)

Date of Birth: _____ Age: _____ Gender: _____

Place of Birth: _____

Home Address: _____

E-mail Address: _____ Zipcode: _____

Contact No. _____ G.W.A. _____

School Last Attended: _____

Address: _____

Course preference: First Option: _____ Second Option: _____

Name of Father: _____ Living: Yes () No ()

Occupation: _____ Monthly Income / Salary: _____

Employer / Address: _____

Contact No. of Father: _____

Name of Mother: _____ Living: Yes () No ()

Occupation: _____ Monthly Income / Salary: _____

Employer / Address: _____

Contact No. of Mother: _____

No. of Siblings (Brother and Sister): _____

Name of Guardian: _____ Relationship: _____

Address: _____ Contact No. _____

Do you have any Chronic / Physical Illness or Concern: Yes () No () others ()

Please specify: _____

Email Address: _____

I hereby certify that the above information is true and correct. I understand fully that any false information found herein will be a ground for disqualification of my application for admission or expulsion from the college in the future.

Date of Application

Signature of Applicant

Date of Examination

Signature of Parent/Guardian
(If below 18 years old)

Test Result: _____ % _____ Passed _____ Failed
Certified by: _____

TRACK/STRAND: _____
LRN: _____