

STE SCREENING APPLICATION FORM

Please accomplish this form completely and clearly in print. To be accomplished by the student applicant.

PERSONAL INFORMATION

LRN: _____

Name of Student: _____

Birthdate (MM/DD/YYYY): _____ Birthplace: _____

Sex: Male Female Age: _____

Mother's Name: _____ Occupation: _____

Father's Name: _____ Occupation: _____

Contact Number: _____ Email: _____

Permanent Address: _____
 Elementary School
 Graduated in Grade 6: _____ General Average: _____

Number of Siblings: _____ Number of Siblings previously in the STE/SSC/ESEP program: _____

Vaccination Status: Fully Vaccinated Fully Vaccinated with Booster Shot First Dose Only Not Yet Vaccinated

AWARDS AND RECOGNITION RECEIVED DURING ELEMENTARY

(Write N/A if None)

<i>Name of Event/Activity</i>	<i>Award Received</i>	<i>Date Received</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

AGREEMENT / CONSENT

<p>I hereby certify that the above information is true and correct to the best of my ability.</p> <p>_____ <i>Signature over Printed Name of the Student Applicant</i></p> <p>Date Signed: _____</p>	<p>I hereby give my permission to Tagum City National High School and the STE Screening Committee to process the personal information of my child as stated above in relation to his/her application for the STE program.</p> <p>I willingly and knowingly give my consent to publish the name of my child in the Official Facebook Page of Tagum City National High School for purposes of posting the official results of the STE Screening Process subject to the provisions of the Data Privacy Act of 2012.</p> <p>_____ <i>Signature over Printed Name of the Parent/Guardian</i></p> <p>Date Signed: _____</p>
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 To be accomplished by the Official Document Evaluator & Interviewer

Action: Qualified Not Qualified Pending

Remarks: _____
(specify reasons if not qualified or pending)

Evaluated by: _____

Name and Signature Date