UPRHS AF1
Revised 2017

University of the Philippines Rural High School
College of Arts and Sciences
Paciano Rizal, Bay, Laguna
Tel./Fax No. (049)573-0093 / 501-0389
Email address: **uprhsadmissions1@gmail.com**

EXAMINEE NO.

CHECKLIST OF REQUIREMENTS:

DO NOT FILL OUT. For Admissions Committee only.

_____ Accomplished UPRHS AF1
_____ Applicant's Permanent Record/ Form 137 (Certified as **true copy** by the principal or registrar)
_____ TWO (2) Identical 2"x 2" photos
_____ Accomplished UPRHS AF4
_____ Application Fee
_____ Latest Income Tax Return
_____ Certificate of Tax Exemption/ Certificate of Indigency

PASTE (1) ID

2" X 2" PHOTO HERE

PRINT ALL INFORMATION ASKED FOR. Write NA if not applicable. DO NOT leave any space blank.

LRN: _____

NAME: _____
FAMILY NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH (mm/dd/yy): __ __ / __ __ / __ __ • PLACE OF BIRTH: _____

GENDER: ☐ MALE ☐ FEMALE • CITIZENSHIP: _____ • UPLB DEPENDENT: ☐ YES ☐ NO

HOME ADDRESS: _____

_____ ZIPCODE: _____ TEL. NO: _____

ELECTRONIC MAIL (EMAIL) ADDRESS: _____

EDUCATIONAL INFORMATION

PRESENT SCHOOL _____ SCHOOL ID: _____

LEVEL: GRADE ☐6 ☐7• TYPE OF SCHOOL: ☐PUBLIC ☐ PRIVATE ☐ HOME STUDY• TEL. NO: _____

SCHOOL ADDRESS: _____ ZIPCODE: _____

Average Grade In Grade 5: _____ • Rank in Grade V: ☐ top 10 ☐ upper 25% ☐ middle 50% ☐ lower 25%

TOTAL NUMBER OF PUPILS IN THE GRADUATING CLASS: _____

PARENTS' PROFILE

	FATHER	MOTHER
Full Name		(Maiden Name)
Age/ Occupation	/	/
Business Address & Tel. No.		
Mobile Contact No.		

ANNUAL FAMILY GROSS INCOME: (Includes All earning family members): Kindly check the appropriate bracket.

A. From salary (combined):

_____ 1. Less than P80,000
_____ 2. Over P80,000 but less than P140,000
_____ 3. Over P140,000 but less than P250,000
_____ 4. Over P250,000 but less than P500,000
_____ 5. Over P500,000 but less than P1,000,000
_____ 6. Over P1,000,000

B. Other Sources of Income: _____

I certify that the information and credentials submitted in support of this application are true and complete to the best of my knowledge.

ATTESTED BY:

_____ _____
Signature of Parent/ Guardian over printed name **Student's Signature**

DO NOT FILL OUT. FOR ADMISSIONS COMMITTEE ONLY.

☐**EXEMPTED** ☐ **NOT EXEMPTED** Received By: _____ Date Of Filling: _____

THIS FORM MAY BE PHOTOCOPIED.