



Republic of the Philippines
BULACAN AGRICULTURAL STATE COLLEGE
 Pinaod, San Ildefonso, Bulacan
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 BASC-ADM-QSF-01
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APPLICATION FOR ADMISSION

Direction: Fill-out required information. DO NOT leave an item blank (indicate N/A if item is not applicable)

COURSE/STRAND APPLIED FOR: (Indicate major if any; see Curricular Offerings)

APPLICATION NO. **20-01**

1st Choice: _____ **2nd Choice:** _____

Please check:

Application for: Junior HS Senior HS College

Student Type: Freshmen Transferee Second Course

NAME OF APPLICANT: _____ LRN _____

Last Name _____

First Name _____

Middle Name _____ Jr. I/II/III _____

DATE OF BIRTH _____ - _____ - _____ PLACE OF BIRTH _____
Month Date Year Brgy., Town/City, Province

CIVIL STATUS Single Married Widow/er SEX Male Female RELIGION _____

CONTACT NO.(s) _____ EMAIL ADDRESS _____

PERMANENT ADDRESS _____ POSTAL CODE _____

PHOTO
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 w/ white background)

| | ELEMENTARY | JUNIOR HIGH SCHOOL | COLLEGE/SENIOR HIGH SCHOOL |
|-----------------------------|----------------|--------------------|----------------------------|
| School Name (write in full) | | | |
| Address | | | |
| Inclusive dates | | | |
| Course/Strand | not applicable | not applicable | |

| | Name | Age | Educational Attainment | Occupation | Contact No. |
|----------|------|-----|------------------------|------------|-------------|
| FATHER | | | | | |
| MOTHER | | | | | |
| GUARDIAN | | | | | |
| SPOUSE | | | | | |

AVERAGE FAMILY INCOME (Monthly) please check one
 10,000 below 10,001-20,000 20,001-30,000 30,001-40,000 50,000 above

Reason/s for choosing BASC (please check)

- Offers affordable tuition & matriculation fees
- Offers quality education
- Is a reputable educational institution
- Near our residence
- Family and relatives referral/influence
- Peer referral/influence

I hereby certify that the above information is true and correct

Signature Over Printed Name of Applicant _____

Date _____

BASC ADMISSION TEST PERMIT

APPLICATION NO. **20-01**

PRINTED NAME (Last, First, MI) _____

DATE OF BIRTH _____ AGE _____ Contact No. _____

ADDRESS _____

TEST SCHEDULE: For admission and testing officer only. Do not fill this up

DATE OF TEST _____ TIME _____ VENUE: _____

CLAIM DATE _____ Processed by: _____ BATCH _____

Note: Late examinees will not be allowed to take the test. Please come 30 minutes before your scheduled time

Present this TEST PERMIT/CLAIM STUB to claim your TEST RESULT

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