March 8, 2019

DIVISION MEMORANDUM
No. ___, s. 2019

ANNOUNCEMENT OF THE CONDUCT OF THE ADMISSION TEST FOR ANTIPOLO CITY NATIONAL SCIENCE AND TECHNOLOGY SCHOOL FOR SENIOR HIGH SCHOOL

TO:
OIC, Assistant Schools Division Superintendent
OIC, CID Chief
Education Program Supervisor
Division Senior High School Coordinator
Public Schools District Supervisors
Public and Private Secondary School Heads

1. This is to announce the conduct of Admission Test for Senior High School Students of Antipolo City National Science and Technology School SY 2019-2020 on Friday, April 12, 2019 at Antipolo City National Science and Technology School from 8:00 A.M to 12:00 noon.

2. To qualify, applicants must be:
   - a resident of Antipolo City
   - a Grade 10 completer from public/private Science High School or Science oriented class/school
   - has no grade lower than 85% in all learning areas and with a general weighted average of not lower than 85%
   - has special aptitude in Science, English and Mathematics
   - is physically fit and of good moral character

3. The Applicants must submit the following:
   - Duly accomplished Application Form with two (2) pieces of recent identical picture. Application form is attached as Enclosure No. 1 and should be submitted on or before March 28, 2019 at Antipolo City National Science & Technology High School at Sitio Cabading, Brgy. San Jose, Antipolo City
   - Photocopy of School Form No. 10 (From 137) duly certified by the school head
CITY SCHOOLS DIVISION OFFICE OF ANTIPOLO

- Photocopy of School Form No. 9 (Form 138) duly certified by the school head
- Barangay Certificate of Residency

4. The applications who will qualify in the admission test and interview should undergo physical/medical examination from any public physician. Result of which should be submitted upon enrolment together with the NSO/PSA Birth Certificate.

5. The top 13 among the test taker will qualify to be enlisted and enroll in ACNSTHS. This is to fill the 100 slots for the two (2) classes to be opened for Senior HS.

6. The School Selection Committee shall be headed by the school head of ACNSTHS and selected teacher shall serve as members who will administer and check and conduct the interview. Result shall be forwarded to the Division Office. Attention: MRS. CRISTINA C. SALAZAR (Div. Senior HS Coordinator) and copy furnished to MRS. DOLORES J. AGONG, (EPS-Science).

7. Result of the test will be uploaded to DepEd Antipolo website www.depedantipolocity.com a week after the examination.

8. Immediate and whole dissemination of this memorandum is desired.

DR. ROMMEL C. BAUTISTA, CESO V
Schools Division Superintendent

@02EPS-ccs.
ANTIPOLO CITY NATIONAL SCIENCE AND TECHNOLOGY HIGH SCHOOL
QUALIFYING EXAMINATION APPLICATION FORM

TO BE FILLED OUT BY THE APPLICANT

I. PERSONAL DATA

Name of Applicant

Last Name __________________________ First Name __________________________ Middle Name __________________________

Birthday: (Month, Date, Year) ___________________________________________________ Age as of June 1, 2019: __________

Sex: __________________________ Contact Number/s: __________________________ Email Address: __________________________

Complete Home Address: __________________________________________________________

______________________________________________________________________________

I certify that the above information is true and correct. I understand that any false or misleading information will result to the disapproval of application/admission.

Applicant’s Signature Over Printed Name

TO BE FILLED OUT BY THE PARENT

1. Does your child have pending application in other Science high school? Yes ____ No ____

2. Are you willing to send your child to the ACNSTHS Campus in Sitio Cabading? Yes ____ No ____

3. Are you willing to adhere with conditions of ACNSTHS in terms of maintaining Grades, etc., should he/she qualify in the admission test? Yes ____ No ____

I certify that the above information is true and correct. I understand that any false or misleading information will result to the disapproval of application/admission.

Parent/ Guardian’s Signature Over Printed Name

TO BE FILLED OUT BY THE SCHOOL AUTHORITY CONCERNED (SECONDARY GRADES)

1. Name of School (Do not abbreviate): ____________________________________________

2. Complete School Address: ______________________________________________________

3. School Type: Government: _______ Private: _______ School Contact No./s: __________

4. Student’s General Average (From First to Third Quarter): _______________________

5. Student’s RANK in the BATCH: __________ Number of pupils in the BATCH: __________

I certify that the above information is true and correct. I understand that any false or misleading information will result to the disapproval of application/admission.

School Head’s Signature Over Printed Name

Reminders for the Applicants

1. Be at your testing center on April 12, 2019 at least 30 minutes before the scheduled examination. Examination starts at 8:00 AM.

2. Present this Application Form and your School ID to the Proctor / Room Examiner.

3. Bring at least two sharpened #2 Mongol Pencil, a good eraser, and snacks.

4. You will be notified if you qualify to enroll in Antipolo City National Science and Technology High School through email and memorandum to be sent to your school.

Guidance Counselor’s/ Adviser’s Signature Over Printed Name

Admission Office