

DATE: _____
Strand: ABM HUMSS STEM AUTO EIM HE ICT
Name of Student: _____
Address: _____
Contact Number: _____

SUBMITTED DOCUMENTS:

_____ School Form 9 (Report Card/F138) (original copy)
_____ PSA Birth Certificate or Equivalent (NSO , LCR, Brgy.Certification)
_____ Certificate of Completion (photocopy)
_____ School Form 10 (Permanent Record/ F137) (original copy)
_____ Affidavit of Undertaking (MSHS Form for temporary enrolled student)
_____ Subject Assessment Evaluation Form (MSHS Form for Transfer In/Balik Aral)
_____ 4PS HHID # _____

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