



ADMISSIONS CENTER

2544 Taft Ave., Manila, Philippines 1004
 Tel Nos.: 526-7441 to 47 loc. 126, 220 & 221
 Telefax: 524-8233
 Email: admissions@dls-csb.edu.ph
 Website: www.dls-csb.edu.ph/admissions
 Office Hours: Mon.-Fri. 8:00am-12:00nn &
 1:30pm-5:00pm / Sat. 8:00am-12:00nn

(As stated in Birth Certificate. Please PRINT or TYPE.)

STUDENT APPLICANT Surname

First Name

Middle Name

Nickname

Secondary Scholastic Record

Gender Male Female

To the High School Registrar:

Please type the student's final grades for the following subjects. For failing grade/s, please indicate the summer grade/s. For letter grade/s, please indicate the numerical equivalent if available. If unavailable, please attach a copy of the grading system. Upon completion, please place your **School Dry Seal** to authenticate the information. Thank you very much.

School _____
 School Address _____

SUBJECT	FINAL GRADES			AVERAGE (DO NOT FILL)
	Year I SY __ to __	Year II SY __ to __	Year III SY __ to __	
COMMUNICATION ARTS (FILIPINO)				
COMMUNICATION ARTS (ENGLISH)				
MATHEMATICS				
SCIENCE				
MAKABAYAN (SOCIAL STUDIES)				
CONDUCT/DEPARTMENT <small>If there are no conduct/departement grades, please indicate the homeroom grades.</small>				
GENERAL AVERAGE (DO NOT FILL)				

Certified Correct By:

 Printed Name & Signature

 Designation

 Date

PLACE
 SCHOOL DRY SEAL
 HERE