



Republic of the Philippines
Department of Education
Division of Malaybalay City

DA-201-07-29
DEPED MALAYBALAY CITY DIVISION
RELEASED
DATE: JUL 19 2019 TIME: 9:40
BY: [Signature]

DIVISION ADVISORY

TO : Assistant Schools Division Superintendent
Chief Education Supervisors, CID and SGOD
Public Elementary and Secondary School Heads
All Others Concerned

FROM : **REBONFAMIL R. BAGUIO**
Schools Division Superintendent
[Signature]

DATE : July 18, 2019

SUBJECT: **PHILIPPINES SCIENCE HIGH SCHOOL NATIONAL COMPETITIVE EXAMINATION**

Disseminating the herein Regional Advisory No. 58, s. 2019 re Philippines Science High School National Competitive Examination, which is self-explanatory.

Queries relative to this can be relayed to Rosie A. Salupado, Education Program Supervisor at 09178818413.

SGOD/ras
TO BE POSTED IN THE WEBSITE



Republic of the Philippines
DEPARTMENT OF EDUCATION
 DepEd Region X – Northern Mindanao



232/8

Regional Advisory No. 48, s. 2019
 July 8, 2019

In compliance with DepEd Order No. 8, s. 2013,
 this Advisory is issued not for endorsement per DO 28, s. 2001,
 but for the information of DepEd Officials,
 personnel/staff, and the concerned public.
 (Visit rox.deped10.com)

DepED-X
 Cagayan de Oro City

JUL 10 2019

RELEASED

**PHILIPPINES SCIENCE HIGH SCHOOL NATIONAL
 COMPETITIVE EXAMINATION**

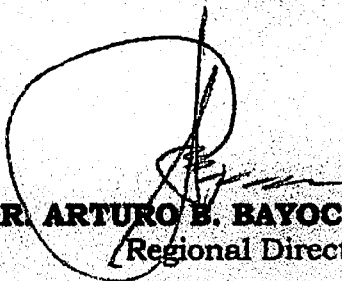
The Philippines Science High School National Competitive Examination (NCE) for Academic Year 2020-2021 will be conducted on **October 19, 2019**.

School Administrators are advised to inform **Grade-6 pupils**, from both public and private elementary schools, who wish to enter the Philippines Science High School.

Attached are the application form and poster from the Philippines Science High School for your reference.

For more information, please visit www.pshs.edu.ph.

Immediate and wide dissemination of this Advisory is desired.



DR. ARTURO B. BAYOCOT, CESO V
 Regional Director

CLMD/nick



The LEARNER: The heart of DepEd Region X.

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**DOST-PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM
NATIONAL COMPETITIVE EXAMINATION (NCE)
APPLICATION FORM**

THESE MATERIALS ARE NOT FOR SALE. THEY
MAY BE PHOTOCOPIED AND MAY BE
DOWNLOADED FROM www.pshs.edu.ph

Instructions:

Please accomplish this form in two copies. Type or print legibly all information needed and carefully read the REMINDERS TO EXAMINEES. DO NOT ABBREVIATE. DO NOT LEAVE ANY ITEM BLANK. Countersign all erasures and corrections made.

Staple Only

1" x 1"
Photo

PERSONAL DATA:

1) NAME OF PUPIL-APPLICANT: (Last Name, First Name, Middle Name)

2) BIRTH DATE:

MM	DD	YY	YY
M M	D D	Y Y	Y Y

3) SEX: MALE
 FEMALE

4) CONTACT NUMBERS :
(pls. include all possible contact numbers)

5) EMAIL ADDRESS: NUMBERS :
(pls. include all possible email addresses)

6) COMPLETE HOME/ PERMANENT ADDRESS: (pls. include your zip code)

NAME OF CITY/MUNICIPALITY (of your residence):

LEARNER'S REFERENCE NO.:

7) NAME OF SCHOOL (Write full name of school):

8) COMPLETE SCHOOL ADDRESS:

9) SCHOOL CONTACT NOS.:

10) SCHOOL TYPE: Public
 Private

11) Pupil-Applicant's FINAL GRADE in Grade 5: MATH _____
SCIENCE _____

PLS. NOTE: If final grade in Science and/or Math is below 85, submit a certification from the principal that the child belongs to the upper 10% of the batch.

TO BE FILLED OUT BY THE PARENTS:

YES NO

- Is your child a Filipino citizen? YES NO
- Does your child have a pending or approved application as immigrant in any foreign country? YES NO
- Has your child taken the PSHS National Competitive Examination before? YES NO
- Is your child older than fourteen (14) years old by the year of admission to PSHS? YES NO
- Should your child pass the NCE, do you allow for your child's name to be posted in the PSHS website/newspaper? (If NO, results will be mailed.) YES NO
- If not qualified in the Main Campus (MC), are you willing to enroll your child in a Regional Campus s/he will qualify in? (If NO, your child will be considered ONLY for the MC, Quezon City.) YES NO

If answer in No. 6 is YES, please check the preferred regional campus (Choose only ONE)

- | | |
|--|---|
| <input type="checkbox"/> ILOCOS REGION – San Ildefonso, Ilocos Sur | <input type="checkbox"/> ZAMBOANGA PENINSULA – Dipolog City |
| <input type="checkbox"/> CAGAYAN VALLEY – Bayombong, Nueva Vizcaya | <input type="checkbox"/> CENTRAL MINDANAO – Bala-I, Lanao del Norte |
| <input type="checkbox"/> CENTRAL LIZON – Clark Freeport Zone | <input type="checkbox"/> SOUTHERN MINDANAO – Tugbok, Davao City |
| <input type="checkbox"/> CALABARZON – Batangas City | <input type="checkbox"/> SOCCSKSARGEN – Paraiso, Koronadal City |
| <input type="checkbox"/> MIMAROPA – Odiongan, Romblon | <input type="checkbox"/> CARAGA – Ampayon, Butuan City |
| <input type="checkbox"/> BICOL – Goa, Camarines Sur | <input type="checkbox"/> CORDILLERA ADMINISTRATIVE REGION – Irisan, Baguio City |
| <input type="checkbox"/> WESTERN VISAYAS – Jaro, Iloilo City | |
| <input type="checkbox"/> CENTRAL VISAYAS – Argeau, Cebu | |
| <input type="checkbox"/> EASTERN VISAYAS – Palo, Leyte | |

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/enrollment/scholarship.

Signature over Printed Name of Parents _____

(PLEASE DO NOT DETACH)

This serves as a proof of application. IMPORTANT: This DOES NOT serve as the test permit.

NAME OF PUPIL-APPLICANT: _____

NAME OF SCHOOL: _____

Submit the following upon filing of application:

- Fully accomplished Application Form in two (2) copies
- Two (2) identical recent 1 x 1 ID pictures
- Non-refundable test fee for private school students (to be paid to the PSHS Cashier's Office)/Free for public school students
- Certified true copy of Grade 5 report card
- If final grade in Science and/ or Math is below 85, submit a certification from the principal or proof that the child belongs to the upper 10% of the batch

Recommendation of the PSHS Registrar/DOST or PSTO Coordinator:

As per data above:
Approved: []
Disapproved: []
Reason/s for Disapproval: _____
Processed by: [] DOST _____ Date: _____
Name & Signature
[] PSHS _____
Name & Signature

To be accomplished by the PSHS Cashier:

Mode of Payment: Cash only
Payment Received by: _____

Name & Signature
Date: _____

REMINDERS TO THE EXAMINEE:

- Be at your testing center one (1) hour before your scheduled examination (either a.m. or p.m. as indicated in the exam permit).
- Present the Examination Permit and your school I.D. to the Proctor/ Room Examiner.