

SUBJECT	School Year _____ Grade IV Final Grade	School Year _____ Grade V Final Grade	School Year _____ Grade VI Final Grade	
			1	2
English				
Filipino				
Mathematics				
Science/Health				
Heograpiya/Kasaysayan				
Sibika (HKS)				
Edukasyon Pantahanan at Pangkabuhayan (EPP)				
Musika,Sining at Edukasyon Pagpapalakas ng Katawan (MSEP)				

<input type="checkbox"/> Affixed here is the school dry seal <input type="checkbox"/> This school has no dry seal <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>	<p>I certify to the completeness and corrections of correctness of the foregoing record</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">School Head's Signature Official Designation Over printed name</p>
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FORM A

CERTIFICATE OF GOOD MORAL CHARACTER

TO WHOM IT MAY CONCERN:

This is to certify that _____ has consistently maintained good moral character, there having no disciplinary action taken against him/her as of the date of application.

Printed Name & Signature of Principal/Guidance Counselor
Date: _____

FORM B

PRINCIPAL CERTIFICATION

Name of Elementary School _____
Address _____

TO WHOM IT MAY CONCERN:

This is to certify that _____ is one of the _____ candidates for graduation for school Year 2015-2016.
Number

Printed Name & Signature of Principal
Date: _____

FORM C

PARENT'S CERTIFICATION

This is to certify that my son/daughter, _____, has no pending application for immigration to the USA or any other country.

Printed Name & Signature of Parent

FORM D

CERTIFICATE OF RESIDENCY

TO WHOM IT MAY CONCERN:

This is to certify that _____ is a bonafide resident of _____ for not less than 4 years. (For minority group, please indicate your tribe, if there is any. _____)

Printed Name & Signature of Barangay Official/Principal

FORM E

HEALTH CERTIFICATE

Date

TO WHOM IT MAY CONCERN:

This is to certify that I have examine _____

Name of Applicant

And found him/her to be physically fit.

This certification is issued in connection with his/her application for the MAKATI SCIENCE HIGH SCHOOL ADMISSION TEST.

Printed Name & Signature of Medical Officer

Official Designation/License No.