SAINT AUGUSTINE'S COLLEGE

Application for Entrance Examination 2024

REGISTRATION DEADLINE: Friday, January 19, 2024

The Entrance Examination will be held on **FRIDAY**, **JANUARY 26**, **2024**. Only students in Grade 6 are eligible to take this examination. Rooms will be sanitized before the exam begins, and there are hand sanitizers in all rooms. Hands must be sanitized upon entering your designated classroom. Students should be on campus by **8:00 a.m.** and should wear their primary school uniform. Students should bring **two pencils** and a **ruler**, a snack or money to buy a snack during break time. Parents / Guardians are asked to pick up their children by **12:45 p.m.** Results can be collected from the office on **Friday**, **February 2**, **2024**.

PLEASE PRINT Student's Name: Gender: Date of Birth: _____ (Month/Day/Yr.) Age: _____ Religion: ____ School Presently In: Current Grade: **Home Address:** House # Street / Subdivision P. O. Box # **Home Phone #** PARENT'S INFORMATION: Mother's Name _____ Mother's Cell # Mother's Email: Mother's Work Ph. #: Father's Name _____ Father's Cell #: ____ Father's Email: Father' Work Ph. #:_____ Did either parent attend and / or graduate from St. Augustine's College? Yes _____ No ____ If answer is yes, Year of Graduation of Parent (Mother) _____ (Father) _____ Did any brother / sister attend and / or graduate from St. Augustine's College? Yes _____ No ____ Names of brother(s) or sister(s) attending St. Augustine's College now. What sports / activities / organizations does the student participate in at school? Please rate student's academic standing in his / her class. Check [**V**] one. 1 Excellent [] Average Below Average [] Good I hereby affirm that all information is complete and accurate. Date: ______ Fee: \$40.00