



APPLICATION FORM

Poster Design Contest

OMB-IDC CONTROL NO: _____

2X2 I.D.
PICTURE

STUDENT'S PROFILE

Name: _____ Birth Date: _____ Age: _____
Mailing Address: _____
School: _____ Year Level: _____
School Address: _____
School I.D. No.: _____ Contact No.: _____
Name of Principal: _____

PARENT'S PROFILE:

Name of Parents: _____ (Father) _____ (Mother)
Occupation: _____ (Father) _____ (Mother)
Name of Relative/s Working in Government Institution/ Agency: _____
(Within the Fourth Degree of Consanguinity / Affinity)
Name of Government Institution/Agency and Position : _____
Relationship: _____

POSTER DESIGN:

Title: _____ Size: _____

We hereby declare that the abovementioned information of the Contestant are true, correct and complete pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

Printed Name and Signature of Contestant

Printed Name and Signature of Parent / Guardian

ENDORSED BY:

Printed Name and Signature of Principal