



## AR Form 01 (Back Page)

### PERSONAL DATA

Please Fill up all the blanks accurately and legibly

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Religion: \_\_\_\_\_  
 City Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Provincial Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Nationality \_\_\_\_\_  
 Name of Spouse, if married: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Name of Father: \_\_\_\_\_ Name of Mother: \_\_\_\_\_  
 Address of Parents: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Person to notify in case of emergency: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Person responsible for financial support in college, if not parents: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Name of employer if working student: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Address: \_\_\_\_\_ Tel: \_\_\_\_\_

### EDUCATIONAL BACKGROUND

Name of School	Address of School	Year
Primary: _____	_____	_____
Intermediate: _____	_____	_____
High School: _____	_____	_____
Last School Attended: _____	_____	_____

I hereby agree to abide by the rules and regulations of the government school authorities concerned and those of the Baguio City School of Arts and Trades and the school administration and to be dropped or dismissed for any violation thereof.

Date Signed: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

### BAGUIO CITY SCHOOL OF ARTS AND TRADES REGISTRATION CERTIFICATE

\_\_\_\_\_ Sem/SY 20\_\_ - 20\_\_

NAME: \_\_\_\_\_ Course/Year: \_\_\_\_\_ ID Number: \_\_\_\_\_

Do not fill this portion. For Accounting use only.

PARTICULARS	DATE PAID	OR NUMBER	CURRENT ACCOUNT	AMOUNT PAID	BALANCE DUE

#### BAGUIO CITY SCHOOL OF ARTS AND TRADES

Surname \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Tel. No.: \_\_\_\_\_  
 Name of Parents/Guardians: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Tel. No. \_\_\_\_\_  
 Signature of Student: \_\_\_\_\_

#### BAGUIO CITY SCHOOL OF ARTS AND TRADES STATEMENT OF ACCOUNTS

NAME: \_\_\_\_\_  
 Family \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 COURSE/YEAR: \_\_\_\_\_ ID No. \_\_\_\_\_

ACCOUNT BALANCE as of this date	AMOUNT	ASSESSED BY

Note: This assessment is issued only once. Student is advised to keep this as their reference to determine their account balance.

**AR No. 2**

BCSAT-TESDA  
 Baguio City –CAR  
 INTERVIEW GUIDE

Interview No. \_\_\_\_\_

Name of Enrollee : \_\_\_\_\_

Instruction: Rate the Individual applicant for admission in each

	Criteria	Factors	Rating					Total
			2	4	6	8	10	
1	Physical Appearance	Health, Vitality, Freedom from defects, posture	2	4	6	8	10	
2	Grooming	Neatness, personal hygiene, cleanliness	2	4	6	8	10	
3	Self Confidence		2	4	6	8	10	
4	Enthusiasm/Agility/Likeableness	Activeness, sense of humor, facial expression, voice, eye contact, appeal	2	4	6	8	10	
5	Conversational Ability	Organization of ideas, ability to express oneself	2	4	6	8	10	
6	Mental Alertness	Quickness in grasping points, quality of response, ability to get ideas across	2	4	6	8	10	
7	Department	Choice of words, manner, pronunciation	2	4	6	8	10	
8	English Proficiency	Correct grammar, sentence construction	2	4	6	8	10	
9	Critical Attitude	Respectfulness, honesty	2	4	6	8	10	
10	Career Seriousness Interest	Willingness to accept responsibilities, career plans, anticipated work of course	2	4	6	8	10	
		TOTAL						

Remarks: \_\_\_\_\_

Rating Scale: 10 – Outstanding; 8 – Very Satisfactory; 6 – Satisfactory; 4 – Fair; 2 – Poor

\_\_\_\_\_  
 Name and signature of Interviewer

**AR Form 03**

## PHYSICAL ASSESSMENT GUIDE

Name : \_\_\_\_\_

Instruction: Rate the individual applicant for admission.

No.	Criteria	Factors	Rating
1	Height	<5 ft (0 pts)	
		=>5 ft (10 pts)	
2	Physical-Medical	Family hx – (0-5)	
		Present illness (0-5pts)	
Total			_____

Remarks: \_\_\_\_\_

Rating Scale:

&lt; 5 ft – 0 points

=&gt;5ft – 10 points

Medical-Physical

\*According to severity of medical/physical condition

Severe – 0 pt

Moderate – 3 pts

Mild – 4 pts

No illness – 5 pts

With Physical disability but functional – 3 points

\_\_\_\_\_  
Nurse

**ARForm 04**

Name _____	
Contact Number _____	
School Last Attended _____	
<b>Signature</b>	
1	Registrar
2	Instruction/Interview
3	School Nurse
4	Guidance Office
<p>Note: Please submit to the Registrar after undergoing all the process for further instruction</p>	
<hr style="width: 100px; margin-left: auto; margin-right: 0;"/> <b>Signature of student</b>	
<hr style="width: 100px; margin-left: auto; margin-right: 0;"/> <b>Date submitted</b>	

# ARFORM 05



Technical Education and Skills Development Authority  
Pangasiwaan sa Edukasyong Teknikal at Pagpapaulad ng Kasanayan

(For Training Monitoring System – TMS)

## MANPOWER PROFILE FORM

In accomplishing this form, entries in *Italicized letters* are optional while the rest are Mandatory or required information

I.D. Picture

### 1. To be accomplished by TESDA

1.1. NMIS Manpower Code: -  1.2. NMIS Entry Date

### 2. Manpower Profile

2.1. Name:  Last  First  Middle

2.2. Mailing Address:  Number, Street  Barangay  District  
 City  Province  Region  Zip Code  P.O Box No

<b>2.3. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>2.4. Civil Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Separated	<b>2.5. Contact Number (s)</b> Telephone: _____ Cellular : _____ Pager : _____ e-mail : _____ Fax : _____ Others : _____	<b>2.6 Employment Type</b> <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Undefined <input type="checkbox"/> Pls. Specify	<b>2.7. Employment Status</b> <input type="checkbox"/> Casual <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Regular <input type="checkbox"/> Job order <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary If Student <input type="checkbox"/> Trainee / OJT
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### 3.1. Personal Information

3.1. Birthdate: \_\_\_\_\_ 3.7. Height: \_\_\_\_\_ 3.12. SSS No: \_\_\_\_\_  
 3.2. Birth Place: \_\_\_\_\_ 3.8. Weight: \_\_\_\_\_ 3.13. GSIS No: \_\_\_\_\_  
 3.3. Citizenship: \_\_\_\_\_ 3.9. Eye Color: \_\_\_\_\_ 3.14. TIN No: \_\_\_\_\_  
 3.4. Religion: \_\_\_\_\_ 3.10. Hair Color: \_\_\_\_\_  
 3.5 Ehtnicity: \_\_\_\_\_ 3.11. Blood Type: \_\_\_\_\_ 3.15. Distinguishing Marks: \_\_\_\_\_  
 3.6. Disability: \_\_\_\_\_

### 4. Educational Background (include the institution / school)

4.1. School	4.2. Educational Level	4.3. School Year	4.4. Degree	4.5. Minor	4.6. Major	4.7. Units Earned	4.8. Honors Received

### 5. Course / Training Program Title:

	Semester	School year	DURATION (No. of trng. hours)	
			Date start	
			Date finish	

Applicant's Signature

This is to certify that the information stated above are true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date:

**ARForm 06**

**BAGUIO CITY SCHOOL  
OF ARTS & TRADES**

Upper Session Rd., Baguio City  
Tel. 444-8459/Fax No. 444-9161

\_\_\_\_\_  
Name

\_\_\_\_\_  
Course/Yr

\_\_\_\_\_  
ID NO.

\_\_\_\_\_  
Semester

\_\_\_\_\_  
SY

VALID FOR THIS TERM ONLY

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_

**REMEMBER**

This identification card is non-transferable and must be

**WORN**

at chest level upon entering and while inside the school premises. The lost of this card should be reported immediately to the school registrar.

\_\_\_\_\_  
Registrar

In case of emergency, pls. contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. No. \_\_\_\_\_

\_\_\_\_\_  
Signature

**ARForm 07**

\_\_\_\_\_ Semester      SY \_\_\_\_\_ - \_\_\_\_\_ Year

Mr. \_\_\_\_\_  
Miss \_\_\_\_\_

Mrs.    Last Name    First Name      M. I.      Course

**BAGUIO CITY SCHOOL  
OF ARTS AND TRADES**

SUBJECT	Midterm Grade	Signature of Instructor
	Final Grade	

The instructor will place the final grade and  
His signature above and return this card to the  
Registrar together with the grading sheets.      \_\_\_\_\_ Registrar

EF02(back page)

Name: \_\_\_\_\_ Course: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Mon																		
Tue																		
Wed																		
Thurs																		
Fri																		

**NOTE:** This class card must be submitted by the student to the instructor