



**Ateneo de Zamboanga University**  
**JUNIOR HIGH SCHOOL ENTRANCE TEST**  
 School Year 2019-2020

1x1  
picture

**EXAM PERMIT**

Applicant's Copy

LEGAL NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
(Name in Birth Certificate) Surname First Name M.I.

Name of Grade School *(Incoming First Year)* \_\_\_\_\_

Name of High School *(Transferee)* \_\_\_\_\_

Testing Dates (Please check your preferred date. Check only one.)

- |                                 |                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Jan 12 | <input type="checkbox"/> Jan 19 | <input type="checkbox"/> Jan 26 |                                 |
| <input type="checkbox"/> Feb 2  | <input type="checkbox"/> Feb 9  | <input type="checkbox"/> Feb 16 | <input type="checkbox"/> Feb 23 |
| <input type="checkbox"/> Mar 2  | <input type="checkbox"/> Mar 9  | <input type="checkbox"/> Mar 16 | <input type="checkbox"/> Mar 30 |

**\*\*Time: 8:00 AM to 10:30 AM**

| IMPORTANT REMINDERS |  |
|---------------------|--|
| 1.                  | Please be at the testing site at least 30 minutes before the exam.       |
| 2.                  | Late examinees without exam permit will NOT be allowed to take the exam. |
| 3.                  | Bring two (2) sharpened pencils (preferably Mongol #2) with eraser.      |

Approved by:

\_\_\_\_\_ Admission's Office                      \_\_\_\_\_ Applicant's Signature                      \_\_\_\_\_ Examiner/ Proctor



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