**Application for Additional Track/Strand/Specialization**

**of Public Senior High School**

**Requesting School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of School Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position/Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOCUMENTARY REQUIREMENTS**

Pursuant to DM-PFO-2017-0697

dated June 16, 2017

\_\_\_\_\_\_ 1. Letter of Intent

\_\_\_\_\_\_ 2. Indorsement signed by the Schools Division Superintendent (SDS)

\_\_\_\_\_\_ 3. Notarized Joint Attestation of Readiness, duly signed by the School

Head and SDS, stating the following:

\_\_\_\_\_ a. Sufficiency of instructional rooms

\_\_\_\_\_ b. Availability and sufficiency of qualified teachers to handle the

subject offerings

\_\_\_\_\_ c. Sufficiency of armchairs

\_\_\_\_\_ d. Availability of science laboratories, workshop room, ancillary

services and required materials/references for the intended

additional course offerings

***Notes:***

1. *Kindly submit all the lacking documents on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*
2. *Documents to be submitted must be two (2) sets, placed in separate folders, arranged following the sequence above and labeled appropriately.*
3. *To facilitate evaluation, please do not include other documents not listed above.*

**Processed by**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Processor/Reviewer**

(signature over printed name and designation)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**Validated by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chief Education Supervisor**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date