SCHOOL OF TOMORROW®

PHILIPPINES ☆ ☆ ☆

CEM REGISTRATION FORM

TEST TO BE TAKEN: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

TESTING CENTER: _____

CONTACT PERSON: _____

CONTACT NUMBERS: _____

NAME OF STUDENTS	PACE / YEAR LEVEL	COURSE OF STUDY	PACE MODULE #		
			ENGLISH	MATH	SCIENCE