



Republic of the Philippines
Department of Education
National Capital Region
Division of City Schools

CAMP CRAME HIGH SCHOOL

Camp Crame Compound, Quezon City

Control Number: _____

Name: _____ Sex: _____ Age: _____

Address: _____

Birthday: _____ Cellphone No.: _____

Birthplace: _____

Mother: _____ Father: _____

Occupation: _____ Occupation: _____

Last School Attended: _____

Address: _____

Checklist of Requirements:

TO BE FILLED UP BY REGISTRAR'S OFFICE

Received By:	Date Received:	Remarks: