



ST. CLARE COLLEGE OF CALOOCAN

ENROLLMENT FORM

Student Information

Full Name:	Asdsas Asdsad Dasd	Student Number:	2025-0002
Email:	asdasdas@gmail.com	Mobile Number:	4049-492-3423
Date of Birth:	4/14/2025	Landline:	42412321
Place of Birth:	Wqewqdas	Facebook:	https://www.facebook.com/knnthzu
Nationality:	Dasdsadad	Sex:	Male
Religion:	Asdsadas		

Parent / Guardian Information

Father:	Dasdasd	Mother:	Asdas
Guardian:	Dasdasdas	Guardian's Occupation:	Asdasdas

Educational Background

Nursery:	N/A	Year:	N/A
Elementary:	asd	Year:	asdas
Junior High:	dasda	Year:	sdas
Senior High:	dasdas	Year:	dasdsad

Enrollment Details

Education Level:	college	Year Level:	4
School Year:	2020-2021	LRN:	214124242343
Course:	BSCS	Student No.:	2025-0002

Enrollment Contract

I hereby agree to enroll at St. Clare College of Caloocan for the current academic year, and I promise to pay the required matriculation fees and any other charges that may arise as part of my enrollment. I further commit to abiding by the rules and regulations set forth by the college, including academic, behavioral, and financial policies. I understand that failure to comply with these rules may result in disciplinary action, including but not limited to suspension or dismissal. Additionally, we as the parent/guardian of this student, fully support and endorse this agreement and ensure that the matriculation fees will be settled in a timely manner. This contract is binding upon signature by both the student and the parent/guardian.

Student Signature

Parent/Guardian Signature

Registrar's Signature