



ST. CLARE COLLEGE OF CALOOCAN

ENROLLMENT FORM

Full Name: Ffdssfd Fsdssdf Sdssdf

Email: qwerty@gmail.com

Date of Birth: 3/1/2003

Place of Birth: Asdasdada

Nationality: Sdasdas

Religion: Dasd

Student Number: 2025-0002

Mobile Number: 5464-564-5654

Landline: 64564575

Facebook: <https://www.facebook.com/knnthzu>

Sex: Male

Parent/Guardian Details

Father: Dasdas

Mother: Dada

Guardian: Dsadadad

Guardian's Occupation: Asdadasdasd

School Attended

Nursery: N/A

Year: N/A

Elementary: N/A

Year: N/A

Junior High: N/A

Year: N/A

Senior High: N/A

Year: N/A

Education Level: college

Year Level: 2

School Year: 2002-2003

LRN: 2323131231

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: _____