Saint Arnold Janssen College of Tacloban, Inc.

JANSSEN BLDG., LVD COMPOUND
Brgy. 45, Sta. Cruz Street, 6500 Tacloban City

Enrolment Form 20___-20____

To be submitted to the Office of the Registrar upon enrollment.

Enrollment Status: ☐ Continuing Student ☐ New Student ☐ Returnee ☐☐ - ☐☐ - ☐☐☐☐ (mm) (dd) (yyyy)

Year Level: _____ - Date Filled -

I. PERSONAL DATA (to be filled out by enrollee or parent/guardian) *PLEASE PRINT LEGIBLY IN CAPITAL LETTERS*
(Data written below must be consistent with what appears in the PSA Birth Certificate)

Family Name _____ Extension Name: _____

First Name _____

Middle Name _____ Gender: ☐ Male ☐ Female

Permanent Address: _____ Date of Birth: ☐☐ - ☐☐ - ☐☐☐☐
(House No., Street Name) (Village, Barangay, Town or City) (Zip Code, Province, Country) (mm) (dd) (yyyy)

Religion: ☐ Roman Catholic ☐ Non-Catholic (pls. specify) _____ Place of Birth: _____ Age: _____

Sacraments Received: ☐ Baptism ☐ First Communion ☐ Confirmation Nationality: ☐ Filipino ☐ Alien: _____

Presently staying with: ☐ Parents ☐ Guardians ☐ Others _____ Mobile No.: _____ Landline No.: _____

Name of School: _____ Address: _____
(Last Attended) (Complete Name) (Street Name) (Barangay) (Zip Code, Town or City, Country)

Mode of Transportation to and from: ☐ Private ☐ Public Email Address: _____ Facebook Address: _____

Where did you get information about SAJCTI? ☐ Relative/Family ☐ Classmate ☐ Friend ☐ Radio ☐ Parent(s)/Guardian(s) ☐ News Print ☐ Tarpaulin ☐ Flyer ☐ TV ☐ Facebook ☐ Others: _____

II. FAMILY BACKGROUND:

	Name	Age	Occupation	Educational Level	Contact No. (In case of emergency)
Father					
Mother					
Sibling(s) (First Name)					
Guardian					

III. ACADEMIC SUBJECTS: *(to be assigned by the VP Academics)* Semester: _____ Academic Year - A.Y.: 20____ - 20____

Academic Program: _____ Major: _____

SUBJECT		Number of Units		
Course Code	Descriptive Title	Lecture	Lab	Units

Total Units: _____

Subjects Assigned by: _____

IV. MEDICAL HISTORY: Illness: _____ Allergy: _____ Travel History: ☐ Abroad ☐ Local

Place(s) Visited: _____ Inclusive Date: _____

V. FINANCE: For Assessment and Payment (Cashier/Teller)

Registration Fee: Amount Paid: _____ Date: _____ Receipt No: _____

Payment Received by: _____
(signature over printed name)

VI. REGISTRAR: FOR ENROLLMENT DATA AND CREDENTIALS SUBMITTED

Documents submitted to admission staff: ☐ Test Result ☐ Original Report Card ☐ PSA issued Birth Cert. ☐ Baptismal Certificate ☐ Interview Result ☐ Good Moral Certificate ☐ Transfer Credentials ☐ (2pcs) 2 X 2 ID pic. (white background) ☐ Long Brown Envelope

I certify that all entries on this form are true and correct and that I will ABIDE BY, all ACADEMIC, ADMINISTRATIVE RULES and REGULATIONS of this college and I confirm my obligation to pay my financial dues religiously within the school year I am enrolled, according to the schedule set forth by the finance department.

_____ Date: _____ Assisted by: _____
(Parent's/Guardian's Signature Over Printed Name) (mm-dd-yyyy) (Signature Over Printed Name)

_____ Date: _____ Date: _____
(Enrollee's Signature Over Printed Name) (mm-dd-yyyy) (mm-dd-yyyy)

STUDENT'S COPY **STUDENT'S COPY** (to be detached by registrar's admission staff) **STUDENT'S COPY** **STUDENT'S COPY**

NAME: _____ Course: _____ Sem. _____ A.Y.: 20____ - 20____

		Number of Units			Instructor's Initials
Course Code	Descriptive Title	Lecture	Lab	Units	

Total Units: _____