

## School Form 1 (SF 1) School Register (This replaces Form 1, Master List & STS Form 2-Family Background and Profile)

School ID	F	Region VIII	Division	District		
School Name			School Year	Grade Level	Section	

NA NO I			AGE as of 1st Friday June		IC.				PRESS		PAI	RENTS	GUAI (If not	RDIAN Parent)	0-4-4	REMARKS
LRN	NAME (Last Name, First Name, Middle Name)	Sex BIRTH DATE (mm/dd/ yyyy)		MOTHER TONGUE	IP (Ethnic Group)	RELIGION	House #/ Street/ Sitio/ Purok	Barangay	Municipality/ City	Province	Father's Name (Last Name, First Name, Middle Name)	Mother's Maiden Name (Last Name, First Name, Middle Name)		Relation-ship	Contact Number of Parent or Guardian	(Please refer to the legend on last page)

	NAME (Last Name, First Name, Middle Name)	Sex (M/F)	BIRTH DATE (mm/dd/ yyyy)	AGE as of 1st Friday June		ID		ADDRESS				PARENTS				GUARDIAN (If not Parent)		REMARKS
LRN					MOTHER TONGUE	IP (Ethnic Group)	RELIGION	House #/ Street Sitio/ Purok	/ Barangay	Municipality/ City	Province	Father's Nan First Name,	ne (Last Name, Middle Name)	Mother's Maiden Name (Last Name, First Name, Middle Name)	Name	Relation-ship	Contact Number of Parent or Guardian	(Please refer to the legend on last page)
	List and Code of Ind	licator	s under REM	MARKS	column		1		1			1		Prepared by:		1	Cartified Corr	oct:
Indicator	Code Required Information			Code	Required I	Information				BoSY	EoSY	гтератей ру.			Certified Correct:			
Transferred Out	T/O Name of Public (P) Private (PR	T/O Name of Public (P) Private (PR) School & Effectivity Date				CCT	CCT Contro	ol/reference number & Effectivity Date								_		
Transferred IN	T/I Name of Public (P) Private (PR	R) Schoo	ol & Effectivity	y Date		B/A	Name of school last attended & Year							(Signature of Adviser over Pr	rinted Name)		(Signature of School	Head over Printed Name)

Specify
Specify Level & Effectivity Data

TOTAL

BoSY Date:

EoSYDate:

BoSY Date:

EoSYDate:

LWD ACL

DRP Reason and Effectivity Date Reason (Enrollment beyond 1st Friday of June)

Dropped Late Enrollment