



ST. CECILIA’S COLLEGE – CEBU, INC.
De La Salle Supervised School
Highway, Poblacion, Minglanilla, Cebu
Tel. No. 490-0767

JUNIOR HIGH SCHOOL DEPARMENT
Registration Form S. Y. _____

Name: _____
Last First Middle
Address: _____ Tel. No. _____
Date of Birth: _____ Age: _____ Place of Birth: _____
Father’s Name: _____ Occupation: _____
Business Address: _____ Tel. No. _____
Mother’s Name: _____ Occupation: _____
Business Address: _____ Tel. No. _____
Guardian’s Name: _____ Occupation: _____
Business Address: _____ Tel. No. _____
School Last Attended: _____
Religion: _____

Name of Brother(s) and Sister(s)	Age	School
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Enrolling in (pls. check appropriate box):

☐ 1st yr. _____

☐ 2nd yr. _____

☐ 3rd yr. _____

☐ 4th yr. _____

Papers/Credentials Submitted:

☐ Old Student

☐ New Student/ Transferee

☐ Repeater (Level) _____

☐ Balik Aral (Level) _____

☐ Muslim

☐ Alien Pupil

☐ Report Card

☐ Birth Certificate

☐ “1x1” ID Pictures (4)

☐ Certificate of Good Moral Standing

☐ Alien Certificate of Registration (ACR)

☐ DepEd Study Permit and Grade/Year Placement

STATUS:

☐ Officially Enrolled

☐ Temporarily Enrolled

☐ On Probation

Enrolment fee : _____

Miscellaneous fee : _____

Parent’s Signature over Printed Name

Receipt No.: _____

Registrar’s Signature: _____

Amount Received: _____

Date: _____