

Department of Education

Senior High School Enrolment Form

Semester SY 2 1 - 2 2

School Name: Coronado's School of Quezon City, Inc.

Address: 4 Kawayan St. NPC Village Brgy. Pasong Tamo, Tandang Sora, Quezon City

School ID **482534**

TO THE STUDENT AND PARENT/GUARDIAN: Print legibly all information required. Submit accomplished form to the Senior High School (SHS) Focal Person.

I. STUDENT INFORMATION:

1. **LEARNER REFERENCE NUMBER (LRN)**

2. **NAME OF STUDENT:** Print or type full name in the following sequence: LAST, FIRST, MIDDLE, EXTENSION NAME (if any). Place one letter in each box. Leave one box blank between names.

LAST

FIRST

MIDDLE

EXTENSION NAME

3. **AGE:** _____

4. **SEX** Male Female

5. **DATE OF BIRTH** (Month, Day, Year)
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6. **Belonging to any Indigenous Peoples (IP) Group?**
Yes No

7. PERMANENT HOME ADDRESS

House Number and Street

Subdivision/Barangay

City/Municipality

Province Postal/Zip Code

Country

8. PARENT/S or GUARDIAN'S NAME

Mother's Name

Father's Name

Guardian's Name

9. CONTACT INFORMATION

Telephone Number Cellphone Number

E-mail Address

10. JUNIOR HIGH SCHOOL (JHS) Indicate where student completed fourth year high school/ Grade 10. Fill in only the boxes **APPLICABLE**.

i. **JHS Name** (Do not abbreviate)

Month/Year of Completion

Address (City/Municipality, Province and Country)

ii. **Philippine Educational Placement Test (PEPT) for JHS** Certificate No.: _____

Month/Year of Completion

iii. **Accreditation and Equivalency (A&E) Test for JHS** Certificate No.: _____

Month/Year of Completion

iv. **Philippine Validation Test (PVT) for JHS** Certificate No.: _____

Month/Year of Completion

v. **Name of Community Learning Center** (Do not abbreviate)

Address (City/Municipality, Province and Country)

II. SENIOR HIGH SCHOOL (SHS) PROGRAM: Make sure that the track (Academics, Technical-Vocational-Livelihood (TVL), Sports, Arts and Design), strand (STEM, ABM, HUMSS and GAS), or TVL specialization choices are offered in the school. Write the COMPLETE program offering (track - strand or specialization/s) of your choice in the box provided.

PROGRAM (Track - Strand or Specialization/s):

I understand that all information I provide in this form may be used by the Department of Education and I consent to such with the assurance that personal details will be kept confidential.

Signature over Printed Name of the Student

Signature over Printed Name of the Parent/Guardian

Date

Date