



Diocese of Imus Catholic Educational System

Saint Augustine School

Sta. Cruz St. Poblacion 1, Tanza, Cavite

Tel No. (046) 437 - 7075

E-mail add: sanagustin_admission@yahoo.com



REGISTRATION FORM

S.Y. 20__ - 20__

PART I. TO BE FILLED-OUT BY THE APPLICANT

<i>Please fill-out this form COMPLETELY and in PRINT.</i>		LRN:
FULL NAME (LAST, FIRST, MIDDLE)		DATE OF REGISTRATION:
GENDER: ___ Male ___ Female	REGISTRATION TYPE: ___ Old Student ___ New Student	GRADE LEVEL:

PART II. TO BE FILLED-OUT BY THE OFFICE

SCHOOL FEES

Tuition Fee	P			
Miscellaneous Fees				
Specific Fees				
Others				
Total Amount Paid	P			
Assessor's Initial:	O.R. No.	O.R. Date	Cashier's Initial:	School Principal's Approval:

ADMINISTRATOR'S COPY. Not valid without signature of the school principal.



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Tuition Fee	P			
Miscellaneous Fees				
Specific Fees				
Others				
Total Amount Paid	P			
Assessor's Initial:	O.R. No.	O.R. Date	Cashier's Initial:	School Principal's Approval:

STUDENT'S COPY. Not valid without signature of the school principal. Present this card to the cashier every time you pay.

PART III. TO BE FILLED-OUT BY THE APPLICANT

PERSONAL INFORMATION

Please fill-out this form COMPLETELY and in PRINT.

FULL NAME	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
GENDER	<input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>	GRADE LEVEL:	
PRESENT ADDRESS:	<i>(House No.)</i>	<i>(Street)</i>	<i>(Barangay) (City/Municipality) (Province)</i>
TEL. NO.:	<i>(Area Code + 7 digit number)</i>	MOBILE NO.:	
DATE OF BIRTH:	<i>(mm/dd/yyyy)</i>	PLACE OF BIRTH: <i>(City/Municipality, Province)</i>	
RELIGION:	CITIZENSHIP:		
NAME OF SCHOOL LAST ATTENDED: _____ <input type="checkbox"/> <i>Private</i> <input type="checkbox"/> <i>Public</i>			
PARENT'S INFORMATION:			
FATHER'S NAME:			
	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
<i>Occupation:</i>	<i>Average Monthly Income:</i>	<i>Contact No.:</i>	
MOTHER'S MAIDEN NAME:			
	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>
<i>Occupation:</i>	<i>Average Monthly Income:</i>	<i>Contact No.:</i>	
SIBLING'S INFORMATION:			
FULL NAME	SCHOOL NAME	GRADE LEVEL	