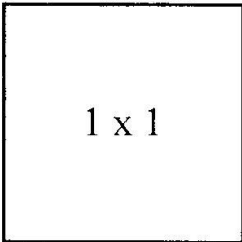


COLLEGE OF THE HOLY SPIRIT OF TARLAC

Tarlac City, Philippines 2300

Tel. Nos. (045) 982-3952 / 982-5367 Tefelax No. (045) 982-5367

JHS STUDENT'S DIRECTORY - REGISTRATION FORM



Enrolment No. _____

Old Student: ()

Date: _____

REGISTRAR'S COPY

New Student: ()

LRN: _____

Name: _____ Gender: () Male () Female
(PRINT) (Last Name) (First Name) (Middle Name)

Grade Level: _____ Section: _____ School Year: 20__ -20__

Complete Home Address (Present): _____

Date of Birth: _____ (Month) _____ (Day) _____ (Year) Place of Birth: _____

Nationality: _____ Contact Nos.: Mobile: _____ Landline: _____ Email Add: _____

Religion: _____ Baptized? () Yes () No Confirmed? () Yes () No

Name of Father: _____ Occupation: _____
(PRINT) (First Name) (Middle Name) (Last Name)

Name of Mother: _____ Occupation: _____
(PRINT) (First Name) (Middle Name) (Last Name)

Approximate Monthly Family Income: (Please Check)
() Below P15,000.00 () P15,000.00 - P24,999.00 () P25,000.00 - P34,999.00 () P35,000.00 and above

Name of School Previously Attended: _____ School Year _____
Kindergarten: _____
Primary Grades (Grades 1-4): _____
Intermediate Grades (Grades 5-6): _____

Name of Sisters/Brothers Studying at CHST: _____ Grade Level _____

Parent's/Guardian's Signature Over Printed Name

PTA OR No. _____

Date Paid: _____

Corazon P. Partible
Registrar

Dr. Genoveva, MEd.
Principal