



ST. CLARE COLLEGE

Zabarte Road, Camarin, Caloocan City 1400

tel # (02) 232 4483

ENROLMENT FORM 1

STUDENT'S NUMBER: _____

NAME				COLLEGE <input type="radio"/> COURSE	
ADDRESS				NURSERY <input type="radio"/> KINDER <input type="radio"/> ELEM <input type="radio"/> JUNIOR HIGH <input type="radio"/> SENIOR HIGH <input type="radio"/>	
YEAR LEVEL				SECTION	
MOBILE		EMAIL		SCHOOL YEAR	
LANDLINE		FACEBOOK		OLD <input type="radio"/> NEW <input type="radio"/> TRANSFEREE <input type="radio"/>	
DATE OF BIRTH		NATIONALITY		SUBJECTS	
PLACE OF BIRTH		RELIGION		1 _____ 11 _____	
FATHER		SEX		2 _____ 12 _____	
MOTHER		FATHER		3 _____ 13 _____	
GUARDIAN		MOTHER		4 _____ 14 _____	
PARENT'S/GUARDIAN'S OCCUPATION		GUARDIAN		5 _____	
DATE OF REGISTRATION		LRN:		6 _____	
SCHOOLS ATTENDED:		NURSERY		7 _____	
KINDER & ELEMENTARY		KINDER & ELEMENTARY		8 _____	
JUNIOR HIGH SCHOOL		JUNIOR HIGH SCHOOL		9 _____	
SENIOR HIGH SCHOOL		SENIOR HIGH SCHOOL		10 _____	
TOTAL NUMBER OF UNITS:				EVALUATOR'S NAME & SIGNATURE	
NOT VALID IF NOT SIGNED BY THE REGISTRAR				DR. ERNESTO RAY G. ADALEM, MD, LLB, DFRIM, RIIVPF REGISTRAR	

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PAGE 1