

Department of Education
Region X
DIVISION OF MISAMIS ORIENTAL
Senior High School Registration Form
Semester _____ SY _____

TO THE STUDENT AND PARENT/GUARDIAN: Print legibly all information required. Place check (/) marks in appropriate boxes.

1. NAME OF STUDENT: Print or type your full name in the following sequence: LAST, FIRST, MIDDLE.
Place one letter in each box. Leave one box blank between names.

LAST																			
FIRST																			
MIDDLE																			

2. SEX Male Female

3. DATE OF BIRTH (Month, Day, Year)

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3. PLACE OF BIRTH (City/Town or Province)

5. NATIONALITY

6. ELEMENTARY SCHOOL (where you completed Elementary Level education / Grade 6)

Elementary School Name (Do not abbreviate)	Month/Year of Completion
Address (City/Town or Province)	Region

Are you a passer of Philippine Educational Placement Test (PEPT) for Elementary Level? No Yes Month/Year of Completion

Are you a passer of Accreditation and Equivalency (A&E) Test for Elementary Level? No Yes Month/Year of Completion

Name of Community Learning Center (Do not abbreviate)	Address (City/Town or Province)
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7. JUNIOR HIGH SCHOOL (JHS) (where you completed/are completing JHS / Grade 10)

JHS Name (Do not abbreviate)	Month/Year of Completion
Address (City/Town or Province)	Region

Are you a passer of Philippine Educational Placement Test (PEPT) for JHS Level? No Yes Month/Year of Completion

Are you a passer of Accreditation and Equivalency (A&E) Test for JHS Level? No Yes Month/Year of Completion

Name of Community Learning Center (Do not abbreviate)	Address (City/Town or Province)
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- 8. TRACK/STRAND/ SPECIALIZATION CHOICE**
- | | | | |
|---|--|---------------------------------------|--|
| <input type="checkbox"/> Academic Track | <input type="checkbox"/> TVL Track | <input type="checkbox"/> Sports Track | <input type="checkbox"/> Arts & Design |
| <input type="checkbox"/> ABM | <input type="checkbox"/> Agri Fishery Arts , Specialization: _____ | | |
| <input type="checkbox"/> STEM | <input type="checkbox"/> Home Econ , Specialization: _____ | | |
| <input type="checkbox"/> GAS | <input type="checkbox"/> ICT, Specialization: _____ | | |
| <input type="checkbox"/> HUMMS | <input type="checkbox"/> Industrial Arts(IA) Specialization: _____ | | |

9. PERMANENT HOME ADDRESS

Home Number and Street	<input style="width: 200px;" type="text"/>
Subdivision/Barangay	<input style="width: 200px;" type="text"/>
Town/City	<input style="width: 150px;" type="text"/> Postal/Zip Code <input style="width: 40px;" type="text"/>

10. CONTACT INFORMATION & EMAIL ADDRESS: _____

Telephone Number	<input style="width: 100px;" type="text"/>	Cellphone Number	<input style="width: 100px;" type="text"/>
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Student's Name & Signature:	Parent's /Guardian's Name & Signature:
Date:	Date: