



S.Y. _____

1st Sem 2nd Sem Summer

ENROLLMENT PROCEDURE

BED Form 3

BASIC INFORMATION

NAME

(Last Name) (First Name) (Middle Name)

STUDENT ID NO.: (Old Student) LRN:

PREVIOUS SCHOOL ATTENDED:

PRE-ENROLMENT INFORMATION

Ishihara's Test Encoding
Entrance Examination Reservation Fee

Date of Entry: _____

Please tick (✓) appropriate item.

New Student

Continuing/Old Student

Transferee

Quitter

Senior High School (SHS)
Academic Track

MARITIME

STEM

ABM

TVL Track (Please specify specialization)

Junior High School (JHS)
Grade Level: _____

ENROLMENT FLOW

OFFICE/PROCEDURE	SIGNATURE OF AUTHORIZED PERSONNEL	DATE
STEP 1 JBL BUILDING (HS-1) (Second Floor) <u>Transferee/ New Student</u> A. Submission of Requirements <input type="checkbox"/> SF9 (1 Original Copy and 2 Photocopies) <input type="checkbox"/> 2 x 2 ID Picture (4pcs) <input type="checkbox"/> PSA Birth Certificate (3 Photocopies) <input type="checkbox"/> 2 Long Brown Envelope <input type="checkbox"/> ESC/QVR Certificate for Grade 11 <input type="checkbox"/> National Career Assessment Examination (NCAE) (2 photocopies) <input type="checkbox"/> Good Moral Character (1 Original Copy and 2 Photocopies) B. Interview (JHS Only) C. Filling out of Information Sheet		
<u>Continuing/Old Student/ Transferee</u> D. Submission of Requirements <input type="checkbox"/> SF9 (Original Copy) (JHS) <input type="checkbox"/> Grade Slip (SHS) E. Filling out of information sheet		
F. Evaluation/Appraisal of Subjects (Principal's Office)		
STEP 2 JBL BUILDING (HS-1) (Second Floor) A. Encoding/ Assigning of Student number C. Schedule of Classes B. Section Assignment/Subject Loading D. Printing of Statement of Accounts		
STEP 3 ACCOUNTING OFFICE (CASHIER) A. Down Payment SHS/JHS (Php _____)		
STEP 4 MANAGEMENT INFORMATION SYSTEM (MIS), (MLA, JBL Building) A. Processing of School ID (New Student)		
STEP 5 PRINCIPAL'S OFFICE (Second Floor, JBL Building) A. Endorsement for Validation of Enrollment B. Stamping of "Officially Enrolled"		

*NOTE: Male students are required to have their prescribed haircut (1 x 2) as requirement for Step 4.

Dear Parents,

Please tick (/) appropriate box.

Yes, I will enroll my child for the _____ Semester, SY _____. Please sign. _____
Parent's Name and Signature _____ Date _____

No, I will not enroll my child for the _____ Semester, SY _____. Please sign. _____
Parent's Name and Signature _____ Date _____

Reason (s) _____

CONTACT NO. _____