

Department of Education
Senior High School Registration Form
 SY _____

TO THE STUDENT AND PARENT/GUARDIAN: Print legibly all information required. Place X 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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4. 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)
Address (City/Town or Province)

Month/Year of Completion
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)

7. JUNIOR HIGH SCHOOL (JHS) (where you completed/are completing JHS / Grade 10)

JHS Name (Do not abbreviate)
Address (City/Town or Province)

Month/Year of Completion
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)

8. SENIOR HIGH SCHOOL (SHS) APPLIED FOR: Choose from the list of schools offering SHS (up to two choices allowed). Do not indicate the same SHS twice. Make sure that track (Academics, TVL, Sports, Arts and Design), strand, and specialization choices are offered in the SHS indicated. Write NONE on the blank if you do not have other choices of SHS/track/strand/specialization.

Name of First Choice SHS (Do not abbreviate)
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Address (City/Town or Province)

First Choice Track: _____ Strand: _____ Specializations: 1. _____ 2. _____ 3. _____ 4. _____	Second Choice Track: _____ Strand: _____ Specializations: 1. _____ 2. _____ 3. _____ 4. _____
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Name of Second Choice SHS (Do not abbreviate)

Address (City/Town or Province)

First Choice Track: Strand:

Second Choice Track: Strand:

Specializations: 1. 2. 3. 4.

Specializations: 1. 2. 3. 4.

9. PERMANENT HOME ADDRESS

House Number and Street, Subdivision/Barangay, Town/City, Province, Postal/Zip Code

10. CONTACT INFORMATION

Telephone Number, Cellphone Number, E-mail Address

I affirm that:

- (1) I have read the information contained in DepEd Order No. ____, s. 2015 and understood all the instructions in connection with my registration;
(2) I have been made aware of the SHS tracks and the importance of choosing the right career path through the Career Guidance Program;
(3) The preferences supplied in this slip are a result of a well-informed decision making as discussed with my parent(s)/guardian; and
(4) I will abide by the DepEd rules and policies in relation to the SHS program.

Furthermore, I understand that all information I provide in this form may be used by the Department of Education and I consent to such with the assurance that my personal details will be kept confidential.

Signature over Printed Name of the Student

Signature over Printed Name of the Parent/Guardian

Date

Date

REMINDERS: