



GOOD SHEPHERD CHRISTIAN SCHOOL
71 Isaac Lopez St., City of Mandaluyong

(Enclosure No. 3 to DepEd Order No. 48, s. 2015)

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. Submit to the school principal or division office once accomplished.

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)
 - -

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)	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. **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 the track (Academics, TVL, Sports, Arts and Design), strand (STEM, ABM, HUMSS and GAS), or TVL specialization choices are offered in the SHS indicated. Write the COMPLETE program offering (track- strand or specialization) of your choice in the box provided. Write NONE in the box if you do not have a second choice program or school.

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

Name of Second Choice SHS (Do not abbreviate)

Address (City/Town or Province)

First Choice Program:

Second Choice Program:

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 _____ 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:

FAMILY APPLICATION FORM
(Please write CLEARLY)

A. Parent/Guardian Information

Family	Last Name, First Name, and Middle Name		M.I.	Occupation	Contact Number
Father					
Mother					
Guardian					

B. Home Address

No. and Street	City /Town/Province	Contact Number

C. Marital Status (Please check one)

Father : - First Marriage - Widowed - Separated - Unmarried - Remarried
 Mother: - First Marriage - Widowed - Separated - Unmarried - Remarried

D. We would like to enroll the following children to begin _____ (month) _____ (year).

	Name of Children (First, Middle, Last)	Grade to Enter	Enrolled in GSCS previously (year)	Age / Birthday	Our child by: (Birth, Adoption, Previous Marriage)
1.					
2.					
3.					
4.					
5.					

E. Names and ages of all other children in the family:

F. We previously applied to GSCS in _____ (year)

G. The following applicants have repeated grade (Pls. list name and grade repeated):

H. Has any of the applicants been in serious disciplinary difficulty, suspension, probation, police record, expulsion? Yes No If yes, please give details.

I. Statement of Personal Christian Experience and Faith:

Father: _____

Mother: _____

J. Church or denominational affiliation

Father: Church now attending		Regular <input type="checkbox"/> Not Regular <input type="checkbox"/> Seldom <input type="checkbox"/>
Mother: Church now attending		Regular <input type="checkbox"/> Not Regular <input type="checkbox"/> Seldom <input type="checkbox"/>

H. Who referred you to Good Shepherd Christian School? _____

K. Other personal references:

Name/s	Address	Contact No.

J. Please state in detail why you wish your child/children to attend GSCS.

Signature of Respondent Parent/Guardian