



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 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)	Month/Year of Completion
Address (City/Town or Province)	Region

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

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

Are you a passer of Accreditation and Equivalency (A&E) 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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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)
Address (City/Town or Province)

First Choice Track: _____ Strand: _____
Specializations: 1. _____ 2. _____ 3. _____ 4. _____

Second Choice Track: _____ Strand: _____
Specializations: 1. _____ 2. _____ 3. _____ 4. _____

Name of First Choice SHS (Do not abbreviate)

Address (City/Town or Province)

Second Choice

Track:

Strand:

Specializations:

- 1.
- 2.
- 3.
- 4.

Second Choice

Track:

Strand:

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: