HIGH SCHOOL

BERNARDO COLLEGE

Owned and Operated by Santiago G. Bernardo Foundation, Inc.

Pulang Lupa I, Las Piñas City

IMPORTANT: Print your name in accordance with your Birth Certificate or A.C.R.

School Year 20_- 20_

New 🗀 Old 🗀			
Family Name	Given Name	Middle Name	Back Subjects:
Parent's/Guardian's Address:			
Home:		Tel/Cell No.:	
Office:		Tel/Cell No.:	CREDENTIALS:
Father's Name: Mother's Name: Guardian's Name:		Occupation: Occupation: Occupation:	Entrance Test
Brothers/Sisters at BC:		Level/Year:Level/Year:Level/Year:	Birth Cert. Baptismal Cert. Study Permit ACR/ICR
Signature: (Parent's/Guardian's):		Date:	Medical Cert.

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н	IGH	SCF	IU	JL

Address:

FOR NEW STUDENTS:



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School Last Attended: Year/Level: _____

New □ Old □

YEAR LEVEL:					
	GR 10				
	GR 11				
	GR 12				
		☐ GR 10 ☐ GR 11			

Cert. from Canu

Others:

Enrolled by:

YEAR LEVEL:

GR 10

GR 11

GR 12

GR 7 🔲

GR 8 □

GR 9 □

Family Name	Given Name	Middle Name	
Parent's/Guardian's Address:			
Home:	Tel/Cell No.:		
Office:	Tel/Cell No.:		
Father's Name:	Occupation Occupation	n:	
Mother's Name:	Occupation Occupation	n:	
Guardian's Name:	Occupation	n:	
Brothers/Sisters at BC:			
	Level/Year		
	Level/Year	:	
	Level/Year	:	
Remarks:			
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I hereby agree to pay this school the total fees and approved increase of fees for the school year as indicated in the enrolment agreement. Signature: (Parent's/Guardian's): Date: