

COLLEGE OF THE HOLY SPIRIT OF TARLAC

Tarlac City, Philippines 2300 Tel. Nos. (045) 982-3952 / 982-5367 Tefelax No. (045) 982-5367

1 x 1 **PUPIL'S DIRECTORY - REGISTRATION FORM**

Enrolment No. REGISTRAR'S COPY	Old Student: () Date: New Student: () LRN:	
Name: (Last Name)		Gender: () Male () Femal
Grade Level: Section		
Date of Birth: (Month) (Da	ay) (Year) Place of Birth: : Mobile: Landline:	
Name of Father:	Baptized? () Yes () No	Confirmed? () Yes () No Occupation: Occupation:
(PRINT) (First Name) Name of Mother: (First Name)	(Middle Name) (Last Name)	
Approximate Monthly Family Income: (Plane) () Below P15,000.00 () P15,000.00	(Middle Name) (Last Name) ease Check) 0 - P24,999.00 () P25,000.00 - P34,999.00	() P35,000.00 and above
School Last Attended:	Grade Leve	l: School Year: 2020
	Name of Sisters/Brothers Study	ing at CHST: Grade Level
Parent's/Guardian's Signature Over Printed Nat	ne	
PTA OR No	orugen of Part Ll.	L. Conora, del.

Registrar