

STUDENT REGISTRATION FORM

School's COPY	STUDENT NUMBER		NAME(LAST,GIVEN,MIDDLE)			SCHOOL YEAR	1X1 PICS	
	TRACK		TERM <input type="checkbox"/> 1 ST YEAR 1 ST SEM <input type="checkbox"/> 2 ND YEAR 1 ST SEM <input type="checkbox"/> 1 ST YEAR 2 ND SEM <input type="checkbox"/> 2 ND YEAR 2 ND SEM		BIRTH DAY (MM/DD/YY)	GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	AGE	Campus:
	SUBJECT CODE	UNITS	SUBJECT	ROOM	Teacher	TUITION FEE BREAK DOWN	DATE ENROLLED	
						Students Category: <input type="checkbox"/> W/ Voucher: <input type="checkbox"/> ESC <input type="checkbox"/> Payee Note:		
						SCHOOL LAST ATTENDED		
						SY Graduated: _____		
	COMPLETE ADDRESS :			CONTACT NUMBER		Guardian:		
	SIGNATURE OF STUDENTS		SCHOOL REGISTRAR		SCHOOL President <i>DORAL</i> DOMINIC A. ORJALO		Contact No in case of emergency:	



DOMINIC INSTITUTE OF SCIENCE AND TECHNOLOGY, INC.

Email: dist.edu.2016@gmail.com

ENROLLMENT WAIVER (please Read...)

WITNESSETH:

That, I am now officially enrolled at DIST for this school year pending the submission of my documents and allow DIST to encode my LRN in their LIS DepEd Portal and VMS Portal and waive all my right to the said institution for the request of my credentials.

IMPORTANT ADVISORY:

That, I will finish my SHS program at DIST and if I ever I will cancel my enrolment, I am amenable to pay DIST the amount of freebies I received as determined by the school and shall pay the school the amount of **Php 1, 000** for the registration form and the corresponding processing fee..

That, I will follow the rules and regulations of DIST as indicated in the student handbook. That, I have read all the terms and conditions of DIST and signed voluntarily this _____ of _____ 2025.

Conforme::

Guardian:

(Signature over printed Name)

Signature over printed name