



JOHN PAUL COLLEGE

MG Andaya Compound, Odiong, Roxas, Oriental Mindoro
Tel: 043-2897197 E-mail: johnpaul.college@yahoo.com

REGISTRATION FORM COLLEGE DEPARTMENT

STUDENT #:

___ NEW ___ OLD/RETURNEE ___ TRANSFEREE

SY _____ - _____

___ YEAR/COURSE _____

___ 1st Semester/___ 2nd Semester/___ Summer

Name: _____
Last Name (Family Name) First Name (Given Name) Middle Name
Home Address: _____
(Zip Code, Street, Barangay, Municipality, Province)
Date of Birth: _____ Place of Birth*: _____
Age: _____ Gender: _____ Civil Status: _____ Religion: _____ Citizenship: _____
Contact No: _____ E-mail address/FB Account: _____
Part of indigenous people? _____ If yes, indicate the group you belong to: _____
Persons with disability (PWD)? _____ If Yes, Indicate The Type Of Disability: _____

Elementary School: _____ Junior High School: _____
Address: _____ Address: _____
Year Graduated: _____ Year Graduated: _____
Senior High School: _____ School last attended (if transferee): _____
Address: _____
Year Graduated: _____ GWA.: _____ Course: _____
Strand: _____ LRN: _____ Semester & School Year Enrolled: _____
Honors Received (if any): _____ Address: _____

Father's Name : _____ Mother's Name: _____
(Last Name/Given Name/Middle Name) (Last Name/Given Name/Middle Name)
Date of Birth: ____/____/____ Age: ____ Religion: _____ Date of Birth: ____/____/____ Age: ____ Religion: _____
Contact Number: _____ Contact Number: _____
Educational Attainment: _____ Educational Attainment: _____
Occupation: _____ Monthly Income: _____ Occupation: _____ Monthly Income: _____
No. of Siblings (Brother/s & Sister/s): _____ No. of Siblings (with Work): _____

GUARDIAN'S DATA (leave blank if not applicable)

Name: _____ Address: _____
Relationship to Student _____ Contact Number: _____/_____

In case of emergency, please contact: _____
Relationship: _____ Address: _____

I hereby certify that the above information is true and correct to the best of my knowledge. I hereby express my consent to John Paul College to collect, record, organize, update or modify, retrieve, use and further process my personal information for the purposes of admission and scholarship application. I am aware that said personal information will be accessed and used by the school personnel who are involved in the evaluation of application for admission.

Applicant's Signature over Printed Name

Parent/Guardian's Signature over Printed Name

Entry credentials: ___ Report Card (F-138) ___ F-137/ SF10 ___ Cert. of Grades ___ Hon. Dismissal
___ Good Moral Cert. ___ LCR/PSA Birth Cert. ___ PSA Marriage Cert. ___ Transcript of Records

MARKETING & ADMISSIONS	GUIDANCE COUNSELOR	SCHOLARSHIP OFFICE (WINDOW 6&7)	DEPARTMENT HEAD	DEAN'S OFFICE	NSTP OFFICE	CASHIER'S OFFICE (WINDOW 1)	REGISTRAR'S OFFICE (WINDOW 5&6)
REMARKS: _____	REMARKS: _____	REMARKS: _____	REMARKS: _____	REMARKS: _____	REMARKS: _____	REMARKS: _____	REMARKS: _____
DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____

NOTE: NOT VALID WITHOUT REMARKS FROM SIGNATORIES AND INCOMPLETE DOCUMENTS NEEDED*



JOHN PAUL COLLEGE

MG Andaya Compound, Odiong, Roxas, Oriental Mindoro
Tel: 043-2897197 E-mail: johnpaul.college@yahoo.com

NSTP REGISTRATION COLLEGE DEPARTMENT

____ Semester, SY ____ - ____

NSTP No.: _____
NSTP Component: _____ ¹ ROTC _____ ² LTS _____ CWTS

STUDENT NO.: _____ YEAR/COURSE: _____
NAME: _____
CONTACT NO.: _____ EMAIL ADD.: _____
BIRTHDATE: _____ AGE: _____ GENDER _____
HOME ADDRESS: _____

I hereby certify that the above information is true and correct to the best of my knowledge. I hereby express my consent to John Paul College to collect, record, organize, update or modify, retrieve, use and further process my personal information for the purposes of admission and scholarship application. I am aware that said personal information will be accessed and used by the school personnel who are involved in the evaluation of application for admission.

Student's Signature over Printed Name

NSTP Coordinator

Remark/s: _____
Date _____

Registrar's Office

Remark/s: _____
Date _____



JOHN PAUL COLLEGE

MG Andaya Compound, Odiong, Roxas, Oriental Mindoro
Tel: 043-2897197 E-mail: johnpaul.college@yahoo.com

NAME _____ ID NO. _____

COURSE/GRADE: _____

ENROLLMENT GUIDE FOR NEW STUDENT/TRANSFeree

- Step 1 Admission Office
- Step 2 Guidance Office
- Step 3 Scholarship Office
- Step 4 Department Head
- Step 5 NSTP Office
- Step 6 Cashier's Office (Window 1)
- Step 7 Registrar's Office (Window 3 for College)/(Window 4 for Basic Ed.)
- Step 8 ID Room

College Scholarship Requirements

UNIFAST Requirements

PSA Birth Certificate (photocopy)

Cert. of Residency (Roxas Resident)

SHS Scholarship Requirements

ESC Cert. (if from private school)

QVR Cert. (for Non-ESC)

to be filled out by Registrar's Office personnel

CREDENTIALS SUBMITTED TO REGISTRAR'S OFFICE

FOR COLLEGE STUDENT ONLY

FOR NEW STUDENT

FOR TRANSFeree

- _____ Report Card/F-138
- _____ Cert. of Good Moral
- _____ PSA Birth Certificate (photocopy)
- _____ PSA Marriage Cert. (if married)
- _____ F-137/SF10
- _____ 2x2 ID Picture

- _____ Cert. of Grades
- _____ Honorable Dismissal
- _____ PSA Birth Certificate(photocopy)
- _____ PSA Birth Cert.
- _____ PSA Marriage Cert. (if married)
- _____ Transcript of Records
- _____ 2x2 id pictures

FOR BASIC EDUCATION ONLY

FOR NEW STUDENT/TRANSFeree

- _____ Report Card/F-138
- _____ Cert. of Good Moral
- _____ PSA Birth Cert. (2 copies)
- _____ F-137/SF10
- _____ 2x2 id pictures
- _____ Cert. of Honors

Entry Credentials received by: _____ Date: _____

Student must keep this form as reference until you finish the program.



JOHN PAUL COLLEGE
MG Analysis, Counseling, Outing, Basics, Oriental Medicine
Tel: 843-285-1197 Email: johnpaulcollege@jpc.edu

STEP 8: ID ROOM

LAST NAME:

FIRST NAME:

MIDDLE NAME:

PHOTO

2X2

STUDENT ID NO:

GRADE/YEAR:

GRADE LEVEL/COURSE:

STUDENT CONTACT NO:

BIRTHDAY:

IN CASE OF EMERGENCY, PLEASE CONTACT:

PARENT/GUARDIAN'S NAME:

ADDRESS:

CONTACT NO:

STUDENT'S OFFICIAL SIGNATURE:

PLEASE PROVIDE THE CORRECT INFORMATION NEEDED ABOVE AND PLACE YOUR SIGNATURE IN THE CENTER OF THE BOX*