



# HOLY NAME UNIVERSITY

Janssen Heights, Dampas District, Tagbilaran City

## SENIOR HIGH SCHOOL ENROLLMENT FORM

Date Enrolled \_\_\_\_\_

**Pls. check/fill-up appropriate boxes**

Status:

Grade Level Applied:  11  12

Have you been enrolled in HNU before?

College Course Preference:

YES  NO

1st \_\_\_\_\_

Requirements/Credentials Submitted:

2nd \_\_\_\_\_

Original PSA Copy of Birth

2 pcs. 2X2 ID Picture formal w/ white background

Original Report Card

ESC or QVR Certificate No. \_\_\_\_\_

Good Moral Certification (Grade 11 only)

NCAE Result

Scholarships/Priveleges enjoyed: \_\_\_\_\_

### STUDENT INFORMATION

PSA Birth Certificate No. [Grid]

Learner Reference No. (LRN) [Grid]

LAST NAME [Grid]

FIRST NAME [Grid]

MIDDLE NAME [Grid]

EXTENSION NAME e.g. JR, III (if applicable) \_\_\_\_\_ SEX:  Male  Female

Date of Birth: [Month/Day/Year] Place of Birth: [City or Municipality, Province]

Belonging to any indegenous People (IP) Community/Indigenous Cultural Community?  YES  NO If Yes, please specify: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_ Religion \_\_\_\_\_ Nationality \_\_\_\_\_

### ADDRESS OF STUDENT

[House Number and Street] [Barangay]

[City/Municipality] [Province] [ZIP Code]

### STUDENT'S PREVIOUS SCHOOL ATTENDED/Year Level Completed

Year Level	Name of School	Address of School	School Year
10			
11			

### PARENT/GUADIAN INFORMATION

[Father's Name (Last Name, First Name, Middle Name)] [Occupation] [Contact No.]

[Mother's Name (Last Name, First Name, Middle Name)] [Occupation] [Contact No.]

[Guardians's Name (Last Name, First Name, Middle Name)] [Occupation] [Contact No.]

IN CASE OF EMERGENCY (PERSON TO NOTIFY) [Name] [Relation to Student]

Address [Address] [Contact No.]

### Enrollment Validation/STEPS:

1. Grade Level Officer: \_\_\_\_\_ 2. Encoder: \_\_\_\_\_ ID No. Issued: \_\_\_\_\_

3. Cashier/Teller: \_\_\_\_\_ O.R # \_\_\_\_\_ 4. Validating Officer: \_\_\_\_\_

THIS FORM MUST BE SUBMITTED TO THE ENROLLING OFFICER FOR VALIDATION

Student's Copy (Please present this slip for book purchases, ID processing and has to be submitted at first day of class to the adviser)

Name: \_\_\_\_\_ ID No: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
(Last Name, First Name, Middle Name)

College Course Preference:

1st \_\_\_\_\_

2nd \_\_\_\_\_

### FOR LATE ENROLLEES:

Please admit to class.

Adviser: \_\_\_\_\_

Section: \_\_\_\_\_

Room #: \_\_\_\_\_

## **HNU-BED Enrollment Guidelines**

1. Please follow the enrollment flow in order to be guided. Enrollment program is on first come, first serve basis.
2. Registration Fee is to be paid upon enrollment, and non-refundable in case of cancellation. If the student opt to withdraw/stop attending classes, the following charges shall apply:

<b>Withdrawal/Termination of Enrollment Period</b>	<b>Charges</b>
From start of classes up to 2 weeks (14 Days)	FREE OF CHARGE but Registration Fee is Non Refundable
After 2 weeks up to 2 months (15-60 days)	10% on Tuition Fee, Full on Miscellaneous and Other Fees
After 2 months up to 4 months (61-120 days)	30% on Tuition Fee, Full on Miscellaneous and Other Fees
After 4 months up to 5 months (121-150 days)	50% on Tuition Fee, Full on Miscellaneous and Other Fees
After 5 months (151 days and above)	100% on Tuition Fee, Full on Miscellaneous and Other Fees

**ALL PAYMENTS ARE TO BE MADE ONLY AT THE SCHOOL TELLER/CASHIER**

3. Tuition Fee Billings will be given to the students in the form of Statement of Accounts and to be paid before each scheduled major examination. Parents or guardians are encouraged to check in the Cashier's Office for updates in their payment schedules.
4. Clearances are also required for students who opted to cancel or withdraw their enrollment.

### **Data Privacy Notice**

Holy Name University recognizes and respects your child's right to privacy and the confidentiality of his/her personal information. HNU is committed to safeguarding your child's personal information pursuant to the provisions of the Data Privacy Act of 2012 (RA 10173). Such informations are acquired, generated, and used for legitimate academic and administrative functions of the university which also include historical, statistical, research and marketing purposes.

### **Parent's/Guardian's Consent**

In acknowledgment of the Holy Name University's data privacy policy and the Data Privacy Act of 2012 (RA 10173), I, as parent/guardian, willfully give my consent to Holy Name University to collect, store, process and use my child's/ward's personal and private information and associated data that may be generated for its legitimate academic and administrative functions and related purposes.

\_\_\_\_\_  
(Child/Ward) Full Name

\_\_\_\_\_  
(Parent/Guardian) Signature over Printed Name / Date