

GRADE 8 – GRADE 12

ENROLMENT GUIDELINES FOR SY 2020-2021

GENERAL INSTRUCTIONS

- I. All enrolment forms are downloadable from www.cmc.pshs.edu.ph.
- II. Use **white, substance 20, A4 size bond paper**.
- III. Fill-out enrolment forms **COMPLETELY** and **LEGIBLY** using Black ink. Use Blue ink for the signature. You may also fill-out digitally.
- IV. **PLEASE AVOID ERASURES. Don't use correction tape, correction pen nor erasable pen.** If mistake is unavoidable, cross out once, counter-sign, and write your final entry above it.
- V. Do not leave any questions blank. Write **N/A** or **---** , if not applicable
- VI. Place the respective documents of each office or unit (refer to the Enrolment Checklist) in a LONG EXPANDING ENVELOPE with the following designated color (*Please **DO NOT** write anything on the envelope / folder*).
 - Orange color – for Health Services Unit
 - Red – for the Registrar Unit
 - Dark Blue – for Residence Hall Unit (FEMALE)
 - Brown - for Residence Hall Unit (MALE)
 - White Long folder – Guidance and Counselling Unit
- VII. **Requirements / Documents to be accomplished later or for submission after the Quarantine (Wait for further instructions on the date of submission):**
 1. **Laboratory Test Results**
 2. **Physical Examination Form**
 3. **Dental Health Record**
 4. **ID Pictures (white background)**
 - **1 X 1 ID Pictures – 6 pieces**
 - **2 x 2 ID Pictures – 3 pieces**
- VIII. Submit the enrolment forms and other requirements via Courier (JRS / LBC) or to the PSHS-CMC Guard on Duty. (**Specify that the receiving branch is LBC-Iligan / JRS-Iligan and NOT Lanao del Norte**).

PLEASE REFER THE FOLLOWING FORMS IN THE ENROLMENT CHECKLIST

***** REGISTRAR UNIT *****

ENROLMENT CHECKLIST FORM

- Please **DO NOT** write anything on the form except the **name, grade level and school year**.

STUDENT INFORMATION SHEET FORM

- Guardian portion of the form is the person other than the parents, if any.

LEGAL GUARDIANSHIP (if applicable)

- For those **not** living with their parents

SCHOLARSHIP CATEGORIZATION APPLICATION FORM **FOR GRADE 9 & 11 ONLY**

- To be notarized
- Submit one (1) copy only
- **Parents and not the scholar are to fill up the form.**
- Do not leave any question blank. Write N/A if not applicable.
- If you choose not to comply or submit all the required documents, you may just submit a signed WAIVER form (included in the enrolment forms)

REQUIRED DOCUMENTS to be attached for CATEGORIZATION:

A. INCOME:

WORKING PARENTS/GUARDIAN:

- Income Tax Return (ITR) of both parents OR
- BIR Certification of Exemption from non-filing of ITR

NON-WORKING PARENTS/GUARDIAN:

- Unemployment / Retirements Papers, if applicable OR
- BIR Certification of Exemption from non-filing of ITR

B. REAL PROPERTIES:

- Certified True Copy of the latest Tax Declaration/s of all real properties by Municipality/City Assessor **OR**
- Certificate of No landholding or Real Property by Municipality/City Assessor; with additional attachment below (as applicable):

1. If renting only, attached a certificate signed by the owner of the house and/or lot and indicate the amount of rental monthly or yearly;
2. If living with relatives, attached a notarized certification signed by the relative on the authentication of your claim and indicate the amount contributed to the relative, if any, on specific expenses (i.e. food, electricity, etc.)
3. Notarized Statement of Assets and Liabilities (SALN) (if applicable)

C. VEHICLE OWNERSHIP / POSSESSION:

- Certificate of Registration of Vehicle/s, OR
- Certification from Land Transportation Office (LTO) for non-ownership of vehicle

D. ELECTRIC CONSUMPTION (March to May 2020)

- Electric Bills (*with kilowatt per hour*) for the last Three (3) months OR
- Statement of electric consumption from the power utility firm in the last three months

- ✓ **Non-submission of all requirements for the Scholarship Categorization shall entitle the scholar to a **monthly stipend only**.**

*** HEALTH SERVICES UNIT (CLINIC) ***

To be accomplished later or for submission after the Quarantine

- Proceed to the medical laboratory for the following laboratory procedures;
 1. CHEST X-RAY (CXR)
 2. COMPLETE BLOOD COUNT (CBC)
 3. URINALYSIS (U/A)
- Other procedure to be performed:
DENTAL HEALTH EXAMINATION
 - Proceed to your **DENTIST** for your **DENTAL HEALTH RECORD**.
- When done with the above procedures, attached the **RESULTS** to the Physical Examination Form and then proceed to your **PHYSICIAN/MEDICAL DOCTOR** for the PHYSICAL EXAMINATION.
- PARENTS have to sign the **MEDICAL / DENTAL CONSENT form**.

*** GUIDANCE AND COUNSELING UNIT ***

- Fill up the **Consent to Release Personal Information** form.
- **Cumulative Record Form** will be released and to be accomplished by the scholar upon return to classes.

*** RESIDENCE HALL UNIT ***

- Fill up all RHU forms if there is an intent to apply.
- For the **List of Appliances / Electrical Devices Form**, do not write anything on column #4 (FEE).
- Student applicants will be notified of the status of their residence hall application.
- Notarization of the contract will be done once the residence hall application is approved.
- Accommodation shall be prioritized based on grade level, scholarship categorization and distance of residence from the campus, discipline case record and compliance with residence hall rules and regulations.
- The campus shall reserve the right to reject applications for accommodations.

PLEASE BE GUIDED ACCORDINGLY.