

Date

Signature of Parent/Guardian

I, _____, the mother/father of _____, hereby willfully and knowingly give my consent to enroll my child/ward at Saint Catherine's Academy: Center of Catholic Education Inc.(SCA) and give my assurance that she/he will abide and comply with all the Rules, Regulations and Policies of the school including those laid down and promulgated in the Students Handbook of the SCA. That I am aware that the enrollment of my child/ward is without prejudice to whatever disciplinary or punitive action the school administration may take against his/her past conduct deficiency if in the judgment of the administration his/her physical presence may pose a bad influence or wrong example to the majority of the students.

B. PARENT'S PLEDGE:

Date

Signature of Student/Pupil

I, _____, hereby willfully and knowingly enroll myself at Saint Catherine's Academy: Center of Catholic Education Inc.(SCA) and solemnly pledge to abide and comply with all the Rules, Regulations and Policies of the school including those laid down and promulgated in the Students Handbook of SCA. That my enrollment is without prejudice to whatever disciplinary or punitive action the school administration may take against my past conduct deficiency if in the judgment of the administration my physical presence may pose bad influence or wrong example to the majority of the students.

A. STUDENT'S PLEDGE:

REGISTRATION FORM

**REGISTRATION FORM
SCHOOL YEAR 2026-2027**

Grade/Year Level	<input checked="" type="checkbox"/> Old Student <input type="checkbox"/>	<input checked="" type="checkbox"/> Male <input type="checkbox"/>
Student Number/LRN	<input checked="" type="checkbox"/> New Student <input type="checkbox"/>	<input checked="" type="checkbox"/> Female <input type="checkbox"/>
Last Name		<input checked="" type="checkbox"/> Catholic <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Catholic <input type="checkbox"/>
First Name		
Middle Name		
Address		
School Last Attended		
Date of Birth	Place of Birth	
Date of Baptism	Place of Baptism	
Date of Confirmation	Place of Confirmation	
Father's Name and Work		
Mother's Name and Work		
Guardian's Name and Work		
Landline Number	Student Signature:	
Mobile Number		

COVID-19 Vaccine Declaration:

	Vaccine Brand	Date	Location
1 st Dose			
2 nd Dose			
Booster			
<input checked="" type="checkbox"/> Not yet vaccinated			



ARCHDIOCESE OF SAN FERNANDO EDUCATIONAL SYSTEM (ASFES)
Saint Catherine's Academy:
CENTER OF CATHOLIC EDUCATION, INC.
 POBLACION, PORAC, PAMPANGA, PHILIPPINES
 TEL. NO.: (045) 652-2448

