



CERTIFICATION OF REGISTRATION

Special Health Sciences Senior High School (Bridging Program)

Temporary ID No.	NAME (Family)	(Given)	(Middle)
Address			Course
Term (Encircle) 1st 2nd 3rd SUM/Inter Sem		School Year S.Y. ____ - ____	Grade Level/Section: _____
SUBJECTS		UNIT/S	FEEES
			Tuition P _____
			R.L.E.
			Laboratory
			Computer Lab
			Registration
			Library
			Medical/Dental
			Athletic
			Guidance.....
			Developmental
			Publication
			Affiliation
			SSCF
			Insurance
			I.D.
			PRISSAA
			CMT
			Recollection
			Trust Fund
			POLCA
			Miscellaneous
			TOTAL FEES P _____
Date: _____			
STUDENT'S COPY			



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THE REGISTRAR

TR-ESOS03 s.2020

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