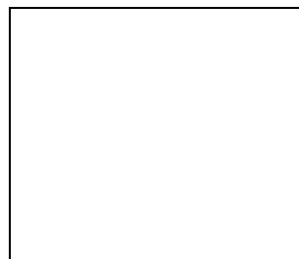


No.: _____

REPUBLIC OF THE PHILIPPINES
CAVITE CITY TECHNICAL AND VOCATIONAL SCHOOL
CAVITE CITY



REGISTRATION FORM

SIZE: _____

FIRST NAME	MIDDLE NAME	LAST NAME
ADDRESS: _____		
DATE OF BIRTH: _____	SEX: _____	
PLACE OF BIRTH: _____	AGE: _____	
CIVIL STATUS: _____	BRGY. NO.: _____	
NAME OF FATHER: _____	CITIZENSHIP: _____	
OCCUPATION: _____	RELIGION: _____	
NAME OF MOTHER: _____	WEIGHT: _____	HEIGHT: _____
OCCUPATION: _____	EMAIL ADD: _____	
NAME OF SPOUSE: _____	TEL.or CP NO.: _____	

COURSES OFFERED:(Check the following course and schedule of classes)

- Electrical Installation and Maintenance**
 MWF 1:00 - 3:00
- ARC WELDING**
 MWF 9:00 - 10:00
- Electronic Product Assembly**
 MWF 3:00 - 5:00
- ARC WELDING**
 MWF 1:00 - 3:00

- UNEMPLOYED** **EMPLOYED** **SELF-EMPLOYED**

IF WORKING:

NAME OF EMPLOYER: _____ POSITION: _____

EDUCATIONAL BACKGROUND:

ELEMENTARY: _____

DATE GRADUATED: _____

HIGH SCHOOL: _____

DATE GRADUATED: _____

COLLEGE: _____

DATE GRADUATED: _____

LAST SCHOOL YEAR ATTENDED: _____

CHARACTER REFERENCE:

- 1 _____
- 2 _____
- 3 _____

SIGNATURE OF ENROLLEES: _____

REMARKS: _____

DATE ENROLLED: _____

APPROVED BY: _____