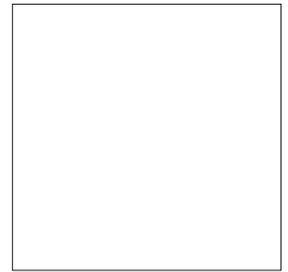


REGIONAL TRAINING CENTER-BAGUIO, TESDA  
REGISTRATION FORM

Regular  Scholar

NAME: \_\_\_\_\_  
Family First M.I. ID Number: \_\_\_\_\_



CODE	COURSE	SCHEDULE

I hereby certify that I have completed the requirements of the course I enrolled in.  
Warning: Submit this form to the registrar's office; otherwise you are not officially enrolled.

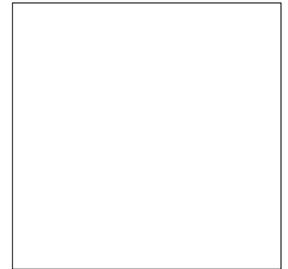
Date Signed: \_\_\_\_\_ Signature of Trainee: \_\_\_\_\_  
Checked and approved \_\_\_\_\_ Date \_\_\_\_\_

Accounting Copy

REGIONAL TRAINING CENTER-BAGUIO, TESDA  
REGISTRATION FORM

Regular  Scholar

NAME: \_\_\_\_\_  
Family First M.I. ID Number: \_\_\_\_\_



CODE	COURSE	SCHEDULE	ASSESTMENT OF FEES
			Tuition
			Misc. Fees
			Others
			Total
			Less (adv.)
			Due
			Assessed by

Date Signed: \_\_\_\_\_ Signature of Trainee: \_\_\_\_\_  
Checked and approved \_\_\_\_\_ Date \_\_\_\_\_

REGIONAL TRAINING CENTER-BAGUIO, TESDA  
REGISTRATION FORM



NAME: \_\_\_\_\_  
Family First M.I. ID Number: \_\_\_\_\_

Account Balance as of this date	AMOUNT	ASSESSED BY

COURSE: \_\_\_\_\_

