



## ST. ROBERT'S INTERNATIONAL COLLEGE

(Formerly St. Robert's International Academy)

E. Lopez St., Jaro, Iloilo City, Philippines, 5000

(033) 5014308  www.sric.edu.ph



### OFFICIAL ENROLMENT FORM

Grade Level:

School Year:

2025-2026

Date of Enrolment:

Others:

Learner's Reference Number:

Student's Complete Name:

\*see PSA/NSO Birth Cert.

Last Name

First Name

Middle Name

Date of Birth:

Month

Day

Year

Gender: Male

Female

Contact Number:

We hereby certify that all information supplied in this enrolment form is complete and accurate.

\_\_\_\_\_  
Learner's Signature over Printed Name

\_\_\_\_\_  
Parent's Signature over Printed Name

Verified by: \_\_\_\_\_

**MS. ANNA MARIE L. ALMOGUERA**

Registrar

### ENROLLEE'S CONSENT AND ACKNOWLEDGEMENT

I, \_\_\_\_\_ (Name of Learner), certify and acknowledge and that I fully understand that various processes involved in relation to my enrolment, and hereby authorized St. Roberts International College and its designated agents or representatives to collect information related to my enrolment and registration, conduct comprehensive review and/or investigation of my character, background, references, previous school records and attendance in other schools prior to this enrolment, medical, education, criminal, or civil records, which may be found in any public or private files, including those maintained by both public and private organizations, for the purpose of confirming the information contained in my registration or enrolment application and/or obtaining other legitimate interests of the Institution.

I also authorized the Institution to store sensitive personal information in their database or files for up to 50 years or until I request to withdraw such information. I am aware that I can access or revise my information by filling a request with the School's Registrar or through its representative officers and staff.

I further authorize the Institution or any of its representatives to disclose any relevant information pertaining to my enrolment with the Institution to third parties conducting background checks or enrolment verification. I am aware of my right to question the Institution should there be any unauthorized use of my sensitive personal information.

I certify that information I have given for my enrolment application is complete and correct and acknowledge that failure to provide truthful and accurate information may be ground for denial of my enrolment with St. Robert's International College.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
STUDENT'S SIGNATURE OVER PRINTED NAME

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

QR-ASD-OEF-005-822-Rev. 03 dated July 25, 2019