



SEIBO COLLEGE FOUNDATION, INC

172 Panghulo Road, Panghulo, Malabon City
Tel No. (02) 293-9688; 293-7693
email: admin@seibocollegeph.com

ASSESSMENT FORM

APPLICABLE YEAR: 20__ - 20__

PLEASE PRINT ALL INFORMATION IN CAPITAL LETTERS.

Acctg use only

DOE _____

EOE _____

NEW OLD RETURNEE

LEARNER'S INFORMATION	
Student No. _____	Year Level _____
Last name _____	First Name _____ Middle Name _____
Address _____	
Mobile Number _____	Landline _____ Email address _____
PARENT/ GUARDIAN'S INFORMATION (details below will be used in the issuance of Official Receipt)	
Last name _____	First Name _____ Middle Name _____
Relation to the learner _____	TIN (required) _____
Address _____	
Mobile Number _____	Landline _____ Email address _____
PAYMENT	
Mode	<input type="checkbox"/> Cash <input type="checkbox"/> Semestral <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Kindly read and understand the following conditions:

I hereby agree that:

1. My child may not be (a) allowed to enter the school and attend his/her classes (b) may be removed from the online classes, if we fail to pay 2 months of his tuition fee and other school fees as indicated in the current schedule of payment.
2. He/She shall only be readmitted as soon as the said fees are paid.
3. Our child will be solely responsible in keeping up with the lessons during the school days our child was not allowed to take the classes.
4. The school may impose a penalty of Php300.00 for every delayed payment.
5. Modules and workbooks will only be given upon its full payment.
6. Above contact details are true and may be used as communication for my child's Statement of Account.
7. Our child may not be allowed to re-enroll in the succeeding years if we have not yet paid all outstanding balances in the current year.
8. All original deposit slips will be surrendered for issuance of Official Receipts. Payments without deposit slips will not be honored.

Parent/Guardian's Signature Over Printed Name

Date Signed

2x2 ID Picture

Diary released:



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FOR ACCOUNTING USE ONLY

Mode Cash Semestral Quarterly Monthly

Tuition Fee _____
Miscellaneous Fee _____
Downpayment _____
Total School Fees _____

Initial Payment _____
OR No. _____
Date _____

BALANCE DUE _____

Workbook/ Modules

Due _____
Amount Paid _____
OR No. _____
Date _____

Schedule of Fees

Month _____ Amount _____
Month _____ Amount _____
Month _____ Amount _____
Month _____ Amount _____

PAYMENTS

Date	OR No.	Amount	Disbursement	Balance

BALANCES END OF AY

CLEARANCE