



TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY
Region IV-B MIMAROPA
PUERTO PRINCESA SCHOOL OF ARTS AND TRADES
APACC Accredited: PHL-PPSAT-23-2021-GOLD



Transaction Date: _____

ENROLLMENT ROUTING & CONFIRMATION SLIP

- 1. Name of Applicant Trainee/Learner: _____ Sex: ____ Age: ____
2. List of Documentary Requirements (PLEASE CHECK APPLICABLE)

[] NEW STUDENT

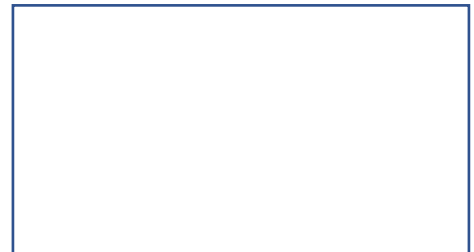
[] OLD STUDENT

- [] Original & photocopy Form 138/High School Card or diploma (for high school graduates)
[] ALS Certificate (for ALS graduates)
[] Latest Certificate of Training or NC II (for TVET graduates)
[] Certification from the last school attended or TOR (for college undergrad)
[] Transcript of Records/TOR (for college graduates)
[] PSA Copy of Birth Certificate
[] Marriage Certificate for married women
[] NCAE result (if applicable)
[] 1 pc 1x1 picture, with collar, white background
[] 1 pc 2x2 picture, with collar, white background
[] Admission Slip from Vocational/Career Guidance Unit

- 3. Proceed to the Vocational/Career Guidance Unit for the conduct of an aptitude or ability test and interest assessment.
4. Proceed to Clinic to undergo medical/health assessment.
5. Submit all checked documentary requirements to the Office of the Registrar.
6. The Office of the Registrar to issue an Order of Payment slip when relevant miscellaneous fees are needed to be settled for non-scholarship accounts.
7. Proceed to the Cashier's Section to settle the relevant miscellaneous fees. Cashier to issue an Official Receipt to the applicant trainee/learner.
8. Proceed to the TET Office for signature.
9. Proceed back to the Office of the Registrar for the T2MIS & BSRs entry and official stamping as "Officially Enrolled".
10. The Office of the Registrar shall issue a copy of the Enrollment Routing & Confirmation Slip to the trainee/learner officially enrolled.

Validated by:

Date:



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Transaction Date: _____

ENROLLMENT ROUTING & CONFIRMATION SLIP (Student Copy)

Name of Applicant Trainee/Learner: _____ Sex: ____ Age: ____
Qualification Enrolled: _____
Training Date: _____
Trainer: _____

Validated by:

Date:

