



**Colegio de San Juan de Letran Calamba**  
 Calamba City, Laguna  
**STUDENT DISCOUNT FORM**

NAME OF APPLICANT: \_\_\_\_\_  
 (Student No.) (Last Name) (First Name) (Middle Name)

Department/ School: (Program/grade/year level) \_\_\_\_\_

Academic Year: 20\_\_\_\_-20\_\_\_\_ Semester/Trimester/Inter-Sem

**DISCOUNT APPLIED FOR:**

- 2 Siblings (10% of tuition fee)
- 3 Siblings (20% of tuition fee)
- 4 Siblings (50% of tuition fee)
- 5 Siblings (75% of tuition fee)
- 6 Siblings (100% of tuition fee)
- PWD (10% of tuition fee)
- Alumni – new student only (5% of tuition fee) Name of Parent: \_\_\_\_\_
- Pag-IBIG– new student only (Php 2,000.00) Name of Parent: \_\_\_\_\_
- Referral– new student only (10% of tuition fee)
- Others: \_\_\_\_\_

For Sibling discount, enumerate name of siblings enrolled in Letran below:

1. ID No. \_\_\_\_\_ Name \_\_\_\_\_ enrolled in \_\_\_\_\_ dept.(grade \_\_\_\_/\_\_\_\_ year/\_\_\_\_ units)
2. ID No. \_\_\_\_\_ Name \_\_\_\_\_ enrolled in \_\_\_\_\_ dept.(grade \_\_\_\_/\_\_\_\_ year/\_\_\_\_ units)
3. ID No. \_\_\_\_\_ Name \_\_\_\_\_ enrolled in \_\_\_\_\_ dept.(grade \_\_\_\_/\_\_\_\_ year/\_\_\_\_ units)
4. ID No. \_\_\_\_\_ Name \_\_\_\_\_ enrolled in \_\_\_\_\_ dept.(grade \_\_\_\_/\_\_\_\_ year/\_\_\_\_ units)

Endorsed by:

Approved by:

\_\_\_\_\_  
 Admissions & Scholarship Unit Staff

\_\_\_\_\_  
 Accounting Services Director

**NOTE:**

1. For Sibling discount, it will be applied to:
  - a: Elem/JHS/SHS- to the youngest brother or sister.
  - b: College/Graduate School- to the brother or sister with the least number of units enrolled.
2. The name(s) and course(s) of brother(s)/sister(s) must be enumerated in the blank space(s).
3. Filing of this form must be **within the enrolment period**. Otherwise, **NO DISCOUNT** shall be implemented.



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