



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

10:00-00-FO-03 rev02 062222

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: _____ Rate of Discount : _____
 (Indicate Discount Type/Name)

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

1. _____ enrolled in _____ dept.(grade____/____year/____units)
2. _____ enrolled in _____ dept.(grade____/____year/____units)
3. _____ enrolled in _____ dept.(grade____/____year/____units)
4. _____ enrolled in _____ dept.(grade____/____year/____units)

Approved by:

Accounting Services Director

NOTE:

1. For Brother's /Sister's 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 only** except for Rector's & Dean's List under the AY 2018-2019 curriculum. Otherwise, **NO DISCOUNT** shall be implemented.

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