Colegio de San Juan de Letran Calamba
City of Calamba, Laguna, Philippines www.letran-calamba.edu.ph (049) 545-5453 LOC. 5006, 5007 & 5024
Accounting Department

LEARNER DISCOUNT FORM

NAME OF APPLICANT: _____ _____ _____ _____
(Learner 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 Department 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.

07:00-00-FO-03

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