CENTRO ESCOLAR LAS PIÑAS, INC.

**SIBLING DISCOUNT APPLICATION FORM**

If you have two or more children enrolled in CELP, you may apply for a sibling discount. Discounts are deducted from the tuition fee. Kindly accomplish the form and submit it to the registrar’s office or at celpadmission@celp.edu.ph, with the email title SIBLING DISCOUNT – (SURNAME). Deadline of application is on the last day of enrolment (date will be posted).

**NAMES OF CHILDREN ENROLLED IN CELP (from eldest to youngest)**

|  |  |  |
| --- | --- | --- |
| **Name of student** | **Grade Level** | **Discount** (to be filled by accounting staff) |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

*\*For First time applicants Copy of the PSA Birth certificate of all children enrolled must be attached for verification. Failure to do so may invalidate the application.*

Name and Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_