**STUDENT PERSONAL RECORD**

**Direction: *Kindly fill-out this form using BLUE ballpen. Do not leave any blank fields.***

**COURSE**

**Student ID NO.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temporary Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sex \_\_\_\_\_\_\_ Civil Status \_\_\_\_\_\_\_\_\_ Citizenship \_\_\_\_\_\_\_\_\_\_\_ Religion \_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Person to notify in case of emergency:***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Paste 2x2 latest ID picture in formal attire and white background here*

**PERSONAL INFORMATION**

**Surname First Name Middle Name Ext. (e.g Jr., II)**

**(mm/dd/yy)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEVEL** | **NAME OF SCHOOL** | **ADDRESS** | **YEAR**  **COMPLETED** | **HONORS/**  **AWARDS**  **RECEIVED** |
| *Elementary* |  |  |  |  |
| *Junior High School* |  |  |  |  |
| *Senior High School* |  |  |  |  |
| *Vocational/College*  *(if any)* |  |  |  |  |

**EDUCATIONAL BACKGROUND**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PARENT/GUARDIAN** | **EDUCATIONAL ATTAINMENT** | **OCCUPATION** | **AGE** | **LIVING/DECEASED?** |
| *Mother* |  |  |  |  |
| *Father* |  |  |  |  |
| *Guardian* |  |  |  |  |
| * Parent’s Marital Relationship: (*Please Check*)   ( ) Married and living together ( ) Single Parent  ( ) Not Married but Living Together ( ) Married but Separated  ( ) Others pls specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_   * No. of children in the family including yourself: \_\_\_\_\_\_\_\_\_ No. of Brother/s: \_\_\_\_\_\_\_\_\_ No. of Sister/s: \_\_\_\_\_\_\_\_ * No. of siblings who are employed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ordinal Position (1st or 2nd child etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Who finances your schooling? ( ) Parents ( ) Brothers/Sisters ( ) Relatives ( ) Self-supporting/working student * While studying, who do you live with? ( ) Parents ( ) Guardian ( ) Siblings ( ) Friends   ( ) Others, pls. specify \_\_\_\_\_   * In your family, with whom are you close and comfortable? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Whom do you live with most of your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * How much is your weekly allowance? (please specify the amount) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

**FAMILY BACKGROUND**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature over

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**SIGNIFICANT NOTES**

*(Do not write on this portion. For Guidance Counselors only)*

|  |  |  |
| --- | --- | --- |
| **DATE** | **CASE** | **REMARKS** |
|  |  |  |

**INTERESTS**

1. **ACADEMIC**

|  |  |
| --- | --- |
| * What is/are your favorite subject/s? | * What is/are the subject/s you like least? |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Membership in Organizations**

|  |  |  |
| --- | --- | --- |
| **Name of Organization** | **Position** | **Date of Membership** |
|  |  |  |
|  |  |  |
|  |  |  |

1. **EXTRACURRICULAR**

* What are your hobbies? Write them in order of your preferences

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **PHYSICAL**

Weight (kg. )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height (ft.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have problems with (please check if applicable)

*If yes, please specify If yes, please specify*

*Your Vision* ( ) No ( ) Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Speech ( ) No ( ) Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Your Hearing* ( ) No ( ) Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your General Health ( ) No ( ) Yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PSYCHOLOGICAL**

Previous Consultations

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONSULTATION** | **YES** | **NO** | **WHEN** | **PURPOSE** |
| Psychiatrist |  |  |  |  |
| Psychologist |  |  |  |  |
| Guidance Counselor |  |  |  |  |

**HEALTH BACKGROUND**

|  |
| --- |
| * Family Monthly Income: ( )Below Php5,000 ( )Php10,000 – 20,000 ( )Php 21,000 – Php30,000   ( ) Php31,000 – Php40,000 ( )Php 41,000 – Php50,000 ( )Php51,000 and above   * Do you have a quiet place to study? ( ) Yes ( ) No * Do you share your room with anyone? ( ) Yes ( ) No If yes, with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Nature of Residence while studying:   ( ) Family home ( ) bed spacer ( ) dorm  ( ) Relative’s house ( ) rented apartment ( ) shares apartment with friends/relatives |