

	Reference No.: SPC-FO-OGC-02	Effectivity Date: January 05, 2025	Revision No.: 01
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STUDENT INFORMATION SHEET

NOTE: In every person’s life is a developing story. The person you are today is a result of your experiences and upbringing, dreams and desires. Sometimes it is tempting to rush through forms like this, please take some time to reflect on your life. The OGC promises to abide by the confidentiality statement explained in the counseling agreement. Please read carefully the last part (at the back) of this form/sheet before you sign.

PERSONAL HISTORY			Date:		
Full Name:			Program/Year:		
Home Address:					
Date of Birth:		Sex:		Age:	
Home Phone No.:		Mobile No.:			
Email Address:		Civil Status:		Religion:	
Spouse’s Name: (if married)		Spouse’s Contact Number:			
Father’s Name:			Mother’s Name:		
Age:	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased	Age:	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
Office No.:			Office No.:		
Mobile No.:			Mobile No.:		
Highest Educational Attainment:			Highest Educational Attainment:		
Occupation:			Occupation:		
Name of Company:			Name of Company:		
Nature of Business:			Nature of Business:		
If OFW, what country?			If OFW, what country?		
Monthly Income (Please check one):			Monthly Income (Please check one):		
<input type="checkbox"/> Below Php 5,000			<input type="checkbox"/> Below Php 5,000		
<input type="checkbox"/> Php 5,000 – Php 15,000			<input type="checkbox"/> Php 5,000 – Php 15,000		
<input type="checkbox"/> Php 16,000 – Php 25,000			<input type="checkbox"/> Php 16,000 – Php 25,000		
<input type="checkbox"/> Php 26,000 – Php 35,000			<input type="checkbox"/> Php 26,000 – Php 35,000		
<input type="checkbox"/> Php 36,000 – Php 45,000			<input type="checkbox"/> Php 36,000 – Php 45,000		
<input type="checkbox"/> Php 46,000 – Php 55,000			<input type="checkbox"/> Php 46,000 – Php 55,000		
<input type="checkbox"/> Php 56,000 and above			<input type="checkbox"/> Php 56,000 and above		
Guardian’s Name:			Relationship to you:		
Home Address:					
Home Phone No.:			Mobile No.:		

SIBLINGS			
NAME	SCHOOL/COMPANY	AGE	CONTACT NO.:

EDUCATIONAL HISTORY

	SCHOOLS ATTENDED	YEAR GRADUATED	HONORS/AWARDS RECEIVED
Elementary			
Junior High School			
Senior High School			
College			
Others, please specify:			
PARENTS' MARITAL STATUS			
Please Check:	<input type="checkbox"/> Living Together	<input type="checkbox"/> Permanently Separated	<input type="checkbox"/> Legally Separated/ Marriage Annulled
CURRENT LIVING ARRANGEMENT			
<input type="checkbox"/> Own House	<input type="checkbox"/> Living with Relatives	<input type="checkbox"/> Boarding House	<input type="checkbox"/> Apartment
Address:			
Telephone No.:		Name of Land Lady/Lord:	
MEDICAL HISTORY			
Have you received therapy, counseling or treatment in the past?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
When?		With whom?	
Please describe any current medical condition or history pertinent to problem:			
Please describe any family history of medical and/or psychological problems:			
Are you currently taking any medications?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please list them below:			
Medication:			
Dosage:			
Frequency:			
Indicate which might have applied during your childhood and/or adolescence:			
<input type="checkbox"/> School Problems	<input type="checkbox"/> Medical Problems	<input type="checkbox"/> Legal Problems	
<input type="checkbox"/> Family Problems	<input type="checkbox"/> Social Problems	<input type="checkbox"/> Drug/Alcohol Problems	
Are you enjoying any scholarships now?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify what kind:			
Other person/s who financially supports you:			
Thank you for taking the time to complete this form! The information you have provided will enable us to better serve your needs.			
Pursuant to Republic Act No. 10173, also known as the Data Privacy Act of 2012, the San Pablo Colleges, recognizes its commitment to protect and respect the privacy of its customers and/or stakeholders and ensure that all information collected from them are all processed in accordance with the principles of transparency, legitimate purpose and proportionality mandated under the Data Privacy Act of 2012.			
_____ Signature over Printed Name		_____ Date	