



**LEMERY COLLEGES**  
A. Bonifacio St. Bagong Sikat, Lemery, Batangas  
**GUIDANCE AND COUNSELING OFFICE**

2x2 picture

**STUDENT INFORMATION SHEET**

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

☐ NEW STUDENT      ☐ TRANSFEREE      ☐ RETURNEE      ☐ OLD STUDENT

**PERSONAL DATA**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
*Last Name                      First Name                      Middle Name*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_ Language/s spoken: \_\_\_\_\_

Present Address: \_\_\_\_\_

Contact No. \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Birth Order among siblings: \_\_\_\_\_ Number of siblings: \_\_\_\_\_

Any serious illness/disability? \_\_\_\_\_

Are you a working student? ☐ YES ☐ NO If yes, please specify \_\_\_\_\_  
Company/Position

**FAMILY DATA**

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alive ( ) Deceased ( )

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Contact No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alive ( ) Deceased ( )

**STATUS OF PARENTS** *(Put a check)*

\_\_\_\_ Married

\_\_\_\_ Temporarily Separated

\_\_\_\_ Living together but not married

\_\_\_\_ Father with Another Partner

\_\_\_\_ Permanently Separated

\_\_\_\_ Mother with Another Partner

\_\_\_\_ Marriage Annulled/Legally Separated

\_\_\_\_ Father/Mother OFW

Living with parents      \_\_\_\_ Yes      \_\_\_\_ No

If not living with parents, where do you stay? \_\_\_\_\_

Guardian’s Name (if not living with Parents): \_\_\_\_\_

Address: \_\_\_\_\_

Landline: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Relationship w/ guardian: \_\_\_\_\_

Person to contact in case of emergency:

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

*(Please name below siblings from eldest to youngest. Include yourself)*

NAME	EDUCATIONAL ATTAINMENT	SEX	AGE

**EDUCATIONAL BACKGROUND** *(Please start with the school last attended)*

GRADE/ YEAR LEVEL	SCHOOL ATTENDED	INCLUSIVE YEARS	HONORS/AWARD RECEIVED

**MEMBERSHIP IN ORGANIZATIONS**

*In school*

NAME OF ORGANIZATION	POSITION	INCLUSIVE YEARS

Outside school

NAME OF ORGANIZATION	POSITION	INCLUSIVE YEARS

Unique Features

Special Interests \_\_\_\_\_

Special Skills/Talents \_\_\_\_\_

Hobbies/Recreational Activities \_\_\_\_\_

Characteristics that describe you best \_\_\_\_\_

Present Concerns/Problems \_\_\_\_\_

Present fears \_\_\_\_\_

Topics/Issues I would like to discuss with my Counselor (*Please check*)

- ☐ Family
- ☐ Academics
- ☐ Time Management
- ☐ Career
- ☐ Friends/Peers
- ☐ Spiritual
- ☐ Relationships
- ☐ Financial
- ☐ Psychological
- ☐ Study Habits
- ☐ Health
- Others \_\_\_\_\_

Previous Psychological Consultations

Have you consulted a Psychologist/Psychiatrist/Counselor before?      \_\_\_Yes      \_\_\_No

If yes, please fill up the necessary information

Date of Consultation\_\_\_\_\_

Reason/s \_\_\_\_\_  
\_\_\_\_\_

Number of session/s \_\_\_\_\_

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Student's Signature over Printed Name/ Date