



Villa de Bacolor, Pampanga

GUIDANCE AND TESTING CENTER
INDIVIDUAL INFORMATION SHEET

Passport
Size

Course : _____
Year & Section : _____
Student No : _____

Name	:	_____	Nickname	:	_____
Age	:	_____	Date of Birth	:	_____
Place of Birth	:	_____	Sex	:	_____
Birth order among siblings	:	_____	Religion	:	_____
Mobile No.	:	_____	E-mail	:	_____
Complete Address	:	_____			

PARENTS' INFORMATION

Father		Mother
_____	Name	_____
_____	Date of Birth	_____
_____	Address	_____
_____	Contact No.	_____
_____	Educational Attainment	_____
_____	Occupation	_____
_____	Monthly Income	_____
_____	Language Spoken	_____
_____	Religion	_____
_____	OFW/Country	_____
_____	Years of Stay Abroad	_____

Please list below the names of siblings from eldest to youngest, **INCLUDE YOURSELF**.

Name of Siblings	School/Place of work	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Please put a check on the line before the item pertaining to your parents' **MARITAL STATUS**)

<input type="checkbox"/> Li ving together but not married	<input type="checkbox"/> Permanently separated	<input type="checkbox"/> Others
<input type="checkbox"/> Father w/ another partner	<input type="checkbox"/> Temporarily separated	
<input type="checkbox"/> Mother w/ another partner	<input type="checkbox"/> Marriage annulled/legally separated	
<input type="checkbox"/> Married in Church	<input type="checkbox"/> Civil Marriage	

GUARDIAN INFORMATION

Name of Guardian (if not living with parents): _____ Contact No.: _____
Address: _____
Person to contact in case of emergency: _____ Contact No.: _____

STUDENT'S OTHER PERSONAL INFORMATION

Educational Background:		
Elementary Level	School Attended	Years of Attendance
_____	_____	_____
_____	_____	_____
Junior & Senior High School Level		
_____	_____	_____

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Tertiary Level

Technical Vocational Training (If Applicable)

Awards / Honors received

Membership in Organizations

ACADEMIC ORGANIZATION

Name of Organization

Position/Title

NON-ACADEMIC ORGANIZATION

Name of Organization

Position/Title

TEST RESULTS

DATE	TYPE OF TEST	RS	PR	S	VERBAL DESCRIPTION	REMARKS

Unique Features

Interests:

Talents:

Hobbies:

Goals in Life:

Principle in Life:

Characteristics that describes you best:

Present Fears:

PHYSICAL/MENTAL HEALTH INFORMATION

A. Do you have any health problems or physical limitations, which may hinder you from performing well in your

1. academics

☐ No ☐ Yes

pls. specify

2. extra-curricular activity

☐ No ☐ Yes

pls. specify

B. Have you ever sought psychiatric assessment or help? ☐ Yes ☐ No

C. Have you ever undergone counseling? ☐ Yes ☐ No pls. specify

DATA PRIVACY CONSENT

By signing below, I hereby certify that all the information written in this cumulative form are complete and accurate. I allow DHVSU through the Guidance & Testing Center to collect, record, organize, update or modify, retrieve, consult, utilize, consolidate, block, erase or delete any information which are a part of my personal data for historical, statistical, research and evaluation purposes pursuant to the provisions of the Republic Act No. 10173 of the Philippines, Data Privacy Act of 2012 and its corresponding Implementing Rules and Regulations.

Signature over printed name

Date Signed