



Republic of the Philippines
CENTRAL LUZON STATE UNIVERSITY
Science City of Muñoz, Nueva Ecija

OFFICE OF STUDENT AFFAIRS
Guidance Services Unit

2x2 picture with white background
in formal attire

INDIVIDUAL RECORD FORM

PERSONAL INFORMATION

Name: _____ Age: _____ Sex: ☐ Male ☐ Female
House Number/Street: _____ Barangay/Subdivision/Village: _____
City/Municipality: _____ Province: _____ Region: _____
CLSU Address: _____
Date of Birth: ____/____/____ Place of Birth: _____ Year Level: _____
Gender: ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Transgender ☐ Queer ☐ Others: Pls. specify: _____
Civil Status: ☐ Single ☐ Married ☐ Single-Parent ☐ Others, Please specify: _____
Telephone No.: _____ Mobile Number: _____ E-Mail Address: _____
College Affiliation: _____ Degree Program Enrolled in: _____
Senior High School where Graduated: _____
Strand enrolled in Senior High School: _____ Religion: _____
School Address: _____
Type of School: ☐ Private ☐ Public High School Grade Average: _____ Year of Graduation: _____
Are you the First-Generation college student in the family? ☐ Yes ☐ No
(first to enter college among immediate family members)

FAMILY BACKGROUND

Name of Father : _____ Age: _____
Occupation : _____ Educational Attainment: _____
Name of Mother: _____ Age: _____
Occupation : _____ Educational Attainment: _____
Marriage Status of Parents: ☐ Living Together ☐ Separated ☐ Widowed/Widower ☐ Single Parent
Birth Order in the Family: _____ No. of Brothers: _____ No. of Sisters: _____
Are you living with your parents? ☐ Yes ☐ No, if "No", Why? _____
Who are your companions at home? Siblings ☐ Grandparents ☐ Relatives ☐ Others (Please specify: _____)
Annual Family Income: (Please check)
☐ below Php 80,000 ☐ Php 135,001- Php 250,000 ☐ Php 500,001- Php 1,000,000
☐ Php 80,001- Php 135,000 ☐ Php 250,001- Php 500,000 ☐ Php 1,000,001 and above

Are you currently a part-time working student? ☐ Yes ☐ No, if "Yes", kindly indicate the name of the Company and Address (If "NO", write "N/A") _____

EDUCATIONAL BACKGROUND

School and Address

Inclusive Years

Elementary	_____	_____
High School	_____	_____
Vocational	_____	_____
College	_____	_____

Co and Extra curricular Activities in High School _____

Name of Person to be notified in case of emergency: _____

Relationship: _____ Tel. / Cell No.: _____

Address: _____

CLSU College Admission Test: Over-all rating: _____

Name of Scholarship (if there's any) _____

What course do you intend to enroll in CLSU? _____

What activities do you want to participate in? (Please check)

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Sports and Athletics | <input type="checkbox"/> Dancing | <input type="checkbox"/> Oration/ Declamation/ Debate |
| <input type="checkbox"/> Campus Journalism | <input type="checkbox"/> Singing | <input type="checkbox"/> Campus Musical Band |
| <input type="checkbox"/> Campus Politics | <input type="checkbox"/> Acting | <input type="checkbox"/> Campus Youth Ministry |
| <input type="checkbox"/> Drawing/ Painting | <input type="checkbox"/> Photography | <input type="checkbox"/> Others, please specify:_____ |

Do you have a study habit?:_____

How many hours in a day do you study?:_____

How do you update yourself with the current events?

- ☐ Television ☐ Internet ☐ Radio ☐ Newspaper ☐ Magazines

Why did you enroll in CLSU?:_____

Health Status:

Are you a person with disability?☐ Yes ☐ No

If Yes, Please Specify:

- | | |
|--|---|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Orthopedic Disability | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Chronic Illness | <input type="checkbox"/> Psychological Disability |
| <input type="checkbox"/> Mental Disability | |

Do you have allergies?

☐ Yes ☐ No, if "YES", please specify:_____

Do you have an existing mental health condition?

☐ Yes ☐ No, if "YES", please specify:_____

Name of Family Doctor:_____ Contact Number:_____

Do you want to see your guidance counselor for assistance? ☐ Yes ☐ No

When do you plan to visit your guidance counselor?

- ☐ The guidance counselor will send me an invitation during our free time.
☐ My college guidance coordinator will refer me to consult our guidance counselor.
☐ I will come voluntary to consult our guidance counselor.

How do you want to be assisted by a guidance counselor?_____

Signature:_____

Date: ____/____/____