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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Reference No.: SPC-FO-OGC-02 | | | | Effectivity Date: January 05, 2025 | | | | | | | Revision No.: 01 |
| **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: | | [ ] Living | [ ] Deceased | | | Age: | [ ] Living | | | | [ ] 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): | | | | | | |
| [ ] Below Php 5,000 | | | | | | [ ] Below Php 5,000 | | | | | | |
| [ ] Php 5,000 – Php 15,000 | | | | | | [ ] Php 5,000 – Php 15,000 | | | | | | |
| [ ] Php 16,000 – Php 25,000 | | | | | | [ ] Php 16,000 – Php 25,000 | | | | | | |
| [ ] Php 26,000 – Php 35,000 | | | | | | [ ] Php 26,000 – Php 35,000 | | | | | | |
| [ ] Php 36,000 – Php 45,000 | | | | | | [ ] Php 36,000 – Php 45,000 | | | | | | |
| [ ] Php 46,000 – Php 55,000 | | | | | | [ ] Php 46,000 – Php 55,000 | | | | | | |
| [ ] Php 56,000 and above | | | | | | [ ] 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.: | | |
|  | | | |  | | | |  | |  | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | [ ] Living Together | | | [ ] Permanently  Separated | | | | | [ ] Legally Separated/  Marriage Annulled | | |
|  | | | | | | | | | | | | |
| **CURRENT LIVING ARRANGEMENT** | | | | | | | | | | | | |
| [ ] Own House | | [ ] Living with Relatives | | | | | [ ] Boarding House | | | | [ ] Apartment | |
| Address: | | | | | | | | | | | | |
| Telephone No.: | | | | Name of Land Lady/Lord: | | | | | | | | |
|  | | | | | | | | | | | | |
| **MEDICAL HISTORY** | | | | | | | | | | | | |
| Have you received therapy, counseling or treatment in the past? | | | | | | | | | | [ ] Yes | | [ ] 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? | | | | | | | | | | [ ] Yes | | [ ] No |
| If Yes, please list them below: | | | | | | | | | | | | |
| Medication: | | | | | | | | | | | | |
| Dosage: | | | | | | | | | | | | |
| Frequency: | | | | | | | | | | | | |
| Indicate which might have applied during your childhood and/or adolescence: | | | | | | | | | | | | |
| [ ] School Problems | | | [ ] Medical Problems | | | | | | [ ] Legal Problems | | | |
| [ ] Family Problems | | | [ ] Social Problems | | | | | | [ ] Drug/Alcohol Problems | | | |
|  | | | | | | | | | | | | |
| Are you enjoying any scholarships now? | | | | | | | | | | [ ] Yes | | [ ] 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 ofs transparency, legitimate purpose and proportionality mandated under the Data Privacy Act of 2012.* | | | | | | | | | | | | |
| Signature over Printed Name | | | |  |  |  |  |  |  |  | Date |  |