

GENSANTOS FOUNDATION COLLEGE,INC.  
Bulaong Extension, General Santos City

STUDENT’S PERSONAL DATA SHEET

This Student's Personal Data consists of questions regarding you and your family. The purpose of this is for us to know you better and to help you with problems/difficulties that you may encounter along the course of your stay in Holy Trinity College. Please answer the entire question honestly and accurately. Thank you.

A. PERSONAL INFORMATION

Name: \_\_\_\_\_ Student No. \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Family Name First Name Middle Name

Civil Status ( ) Single ( ) Married ( ) Separated ( ) Solo Parent

If Solo Parent, how many children do you have? \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Tribe: \_\_\_\_\_ If belonging to IP, please specify: \_\_\_\_\_

Cellphone/Landline Number/s: \_\_\_\_\_ Email: \_\_\_\_\_

Languages/Dialect Spoken: \_\_\_\_\_ Birth Order: \_\_\_\_\_ Number of Siblings: \_\_\_\_\_

Permanent/Home/Provincial Address: \_\_\_\_\_

Current/City Address: \_\_\_\_\_

PERSON TO BE CONTACTED IN CASE OF EMERGENCY: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Numbers: \_\_\_\_\_

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

FOR STUDENTS NOT OFFICIALLY RESIDENT OF GENERAL SANTOS CITY

➤ Where did you stay here in General Santos City ( please check )

( ) Boarding house ( ) Dormitory ( ) Apartment ( ) Relatives ( ) Employer ( ) Others: \_\_\_\_\_

➤ Name of Landlord/Landlady/Employer: \_\_\_\_\_ Contact Number: \_\_\_\_\_

B. FAMILY HISTORY

➤ Note: If both parents are dead, write the guardian’s name instead. Fill up either Mother or Father according to guardian’s sex or fill up both.

**Father** **Mother**

_____	Name	_____
_____	Current Address	_____
_____	Religion	_____
_____	Tribe	_____
_____	Landline/Cellphone No.	_____
_____	Email Address	_____
_____	Highest Educational Attainment	_____
_____	Language/s Spoken	_____
_____	Occupation	_____
_____	Business/Office Address	_____
_____	Position Held	_____

➤ Parents’ Marital Status

living together ( ) father remarried ( ) deceased father ( ) marriage annulled ( )

legally separated ( ) mother remarried ( ) deceased mother ( )

➤ Where do you live at present? ( ) both parents ( ) father ( ) grandparents

( ) brothers and sisters ( ) relatives ( ) mother ( ) others: \_\_\_\_\_

➤ If married, write your husband or wife’s name: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Educational Attainment: \_\_\_\_\_ No. of Children \_\_\_\_\_ Ages of Children \_\_\_\_\_

Where do you live at present?

( ) own place ( ) parents ( ) in laws ( ) rented place ( ) Others: \_\_\_\_\_

➤ Other members of household? (relatives, helpers, etc. )

Name	Sex	Age	Civil Status	Relationship

➤ Socio-Economic Status of the Family

What is the combined monthly income of your family? Please check appropriate box.

( ) Below Php 10,000.00	( ) 30,001 – 40,000	( ) 60,001 – 70,000
( ) 10,000 – 20,000	( ) 40, 001 – 50,000	( ) 70,001 – 80,000
( ) 20,001 – 30,000	( ) 50,001 – 60,000	( ) 80,001 – Above

Transportation your family owns: ( ) Car/SUV ( ) Jeep ( ) Tricycle ( ) Motorcycle  
Means of transportation going to school: ( ) Car/SUV ( ) Jeep ( ) Tricycle ( ) Motorcycle  
Appliances your family own: ( ) Television ( ) Air Conditioning Unit ( ) Refrigerator  
( ) Electric Fan ( ) Laptop ( ) Desktop ( ) Washing Machine ( ) Microwave Oven  
( ) Gas Range ( ) Gas Stove ( ) Electric Iron ( ) Water Dispenser

C. SCHOOL WORK AND PROGRESS RECORD

➤ What schools have you attended? ( Elementary to High School )

Grade Level	Name of School (List all schools attended for every level)	Address of School	Honors/Awards Received
Kindergarten			
Elementary			
Junior High School			
Senior High School			

➤ Have you ever repeated a grade? ( ) Yes ( ) No If yes, which grade and why? \_\_\_\_\_  
Have you failed in any subjects? ( ) Yes ( ) No If yes, list them \_\_\_\_\_  
What subjects in Elem & HS take most of your time ? \_\_\_\_\_  
What subjects in Elem & HS take least of your time? \_\_\_\_\_  
Do you find school work difficult? ( ) Yes ( ) No Why? \_\_\_\_\_

D. HOBBIES, INTEREST AND VOCATIONAL RECORD

➤ What school activities are you interested in? ( please check )

( ) Athletics ( ) Clubs ( ) Journalism ( ) Dramatics ( ) Debate  
( ) Social Science ( ) Scouting ( ) Socio-Cultural ( ) Dance/Cheerleading  
( ) School Band ( ) Literary/Musical ( ) Student Council ( ) School Paper ( ) Painting  
( ) Other: \_\_\_\_\_

Have you participated in any of those? ( ) Yes ( ) No  
If yes, what are those? \_\_\_\_\_  
Have you represented any school event to any of the following? ( ) district/area ( ) provincial  
( ) regional ( ) national  
If yes, what are these events and your place, if any: \_\_\_\_\_

➤ Hobbies and Interests:

Hobbies: \_\_\_\_\_ Skills: \_\_\_\_\_  
Talents: \_\_\_\_\_ Sports: \_\_\_\_\_  
What activities at home or in school do you wish you had more time for? \_\_\_\_\_

➤ Vocational Record:

1. Work Experience: What work of occupational significance have you done at home or other people during school year and vacations?  
2. Employment Record: Have you held any job? ( ) Yes ( ) No  
If yes, are you receiving the basic benefits and privileges? ( ) Yes ( ) No

Date of Employment	Name of Employer, Company and Business Address	Place of Employment	Job Description

3. Vocational Outlook:  
a. What kind of vocation or employment do you like to go into? \_\_\_\_\_  
b. How would you prepare for it? \_\_\_\_\_  
c. What kind of job would you prefer? \_\_\_\_\_  
d. What are your plans after College? \_\_\_\_\_

E. GENERAL PERSONALITY MAKE-UP

➤ Check one or more of the following words which you feel describe your general personality make-up

\_\_\_\_\_ friendly \_\_\_\_\_ unhappy \_\_\_\_\_ cheerful \_\_\_\_\_ reserved \_\_\_\_\_ pessimistic  
\_\_\_\_\_ lazy \_\_\_\_\_ stubborn \_\_\_\_\_ shy \_\_\_\_\_ submissive \_\_\_\_\_ capable  
\_\_\_\_\_ excited \_\_\_\_\_ tolerant \_\_\_\_\_ self-confident \_\_\_\_\_ jealous \_\_\_\_\_ irritable  
\_\_\_\_\_ calm \_\_\_\_\_ talented \_\_\_\_\_ poor health \_\_\_\_\_ anxious \_\_\_\_\_ depressed  
\_\_\_\_\_ cynical \_\_\_\_\_ sarcastic \_\_\_\_\_ quick-tempered \_\_\_\_\_ frequent daydreaming \_\_\_\_\_ quiet  
\_\_\_\_\_ nervous \_\_\_\_\_ tactful \_\_\_\_\_ easily exhausted \_\_\_\_\_ reliable \_\_\_\_\_ aloof  
\_\_\_\_\_ sincere \_\_\_\_\_ loyal \_\_\_\_\_ patient \_\_\_\_\_ honest \_\_\_\_\_ cheerful  
\_\_\_\_\_ self-controlled \_\_\_\_\_ emotionally mature \_\_\_\_\_ industrious \_\_\_\_\_ poised

➤ Rate yourself on the following areas by marking a check.

Areas	Excellent	Good	Fair	Poor
Grooming				
Posture				
Health				
Manners				
Conversational Ability				
Concern for others				

Seriousness of purpose				
Academic ability				
Academic Achievement				

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*Checked and Received by:*

\_\_\_\_\_

\_\_\_\_\_

**Signature of Student/Date**