**PERSONAL INFORMATION**

| LAST NAME | FIRST NAME | MIDDLE NAME |
| --- | --- | --- |
| SEX | CITIZENSHIP | DATE OF BIRTH (mm/dd/yyyy) |
| PLACE OF BIRTH | HEIGHT (CM) | WEIGHT (KG) |
| PERMANENT ADDRESS | | |
| ZIP CODE | EMAIL ADDRESS | TELEPHONE/CONTACT NO. |

**FAMILY BACKGROUND**

| **☐** ELDEST **☐** MIDDLE CHILD **☐** YOUNGEST **☐** ONLY CHILD | | | | | |
| --- | --- | --- | --- | --- | --- |
| NAME | RELATIONSHIP | RESIDENCE | CONTACT NO. | COMPANY | /  POSITION |
|  | Father |  |  |  |  |
|  | Mother |  |  |  |  |
|  | Legal Guardian |  |  |  |  |

**EDUCATIONAL BACKGROUND**

| SCHOOL |
| --- |
| GRADE LEVEL |
| STRAND |

**HEALTH & MEDICAL BACKGROUND**

| INDICATE TYPE OF IMPAIRMENT:  **☐** NONE **☐** VISUAL **☐** HEARING **☐** MOBILITY **☐** CHRONIC ILLNESS **☐** OTHERS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| --- | --- | --- | --- | --- | --- |
| ILLNESS | DATE OF LAST OCCURANCE | CONFINED AT  *(HOSPITAL/CLINIC)* | PHYSICIAN/  DOCTOR | CONTACT NO. | CHRONIC  *(YES/NO)* |
|  |  |  |  |  |  |