



A. PERSONAL INFORMATION

Name: _____
 Present Address: _____
 Contact No(s): *Residential*: _____ *Cellphone No(s)*: _____
 Date of Birth: _____ Place of Birth: _____
 Age: _____ Religion: _____
 Citizenship: _____ Nationality: _____
 If Alien, ACR#: _____

B. FAMILY BACKGROUND

Please indicate the marital status of the parent/s:

Married Catholic Church Separated Single Parent
 Civil Others _____ Father Mother Others _____
 If separated, with whom does the child stay?

FATHER

MOTHER

GUARDIAN

Living Deceased

Living Deceased

Relation to Child _____

| | | | |
|---------------------------|-------|-------|-------|
| Name: | _____ | _____ | _____ |
| Address: | _____ | _____ | _____ |
| Telephone No./Mobile No.: | _____ | _____ | _____ |
| Citizenship: | _____ | _____ | _____ |
| Religion: | _____ | _____ | _____ |
| Date of Birth/Age: | _____ | _____ | _____ |
| Educational Attainment: | _____ | _____ | _____ |
| Occupation/Position: | _____ | _____ | _____ |
| Company Name: | _____ | _____ | _____ |
| Business Address: | _____ | _____ | _____ |
| Telephone No.: | _____ | _____ | _____ |

| Brothers & Sisters | Age | School | Educational Attainment | Kind of Work |
|--------------------|-------|--------|------------------------|--------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |

Child's place in the family: _____

Language/Dialect spoken at home: _____

Dwelling: Residential Duplex Condominium Apartment

No. of persons living at home: _____ Members of the family _____ Relatives _____ Helpers _____

Does the child have her own room? Yes No

Do you have relatives who are studying or have studied in St. Paul College Pasig? Yes No

| Name | Relation to Child | Level | Year Graduated |
|----------|-------------------|-------|----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |

C. ACADEMICS

| | Name of School Attended and Address | Level | Years Attended |
|------------------------|-------------------------------------|-------|----------------|
| Preschool/Kindergarten | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| Grade School/s | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

Academic Honors and Distinctions

| Honor/Award | Grade Level | Event and Year |
|-------------|-------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Subjects liked best _____ Why? _____

Subjects liked least _____ Why? _____

Grade/year levels repeated, if any _____

Transferees, please indicate reasons for transferring: From: _____ To: _____

Why? _____

From: _____ To: _____

Why? _____

D. EXTRA-CURRICULAR ACTIVITIES

| Organizations/Clubs | Position Held | Year |
|---------------------|---------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

E. STUDY TOOLS

Does she have a regular period for home study? _____ Where? _____ No. of hours _____

Who supervises her studies at home? Mother/Father Tutor Yaya Others _____

What kind of books does she enjoy reading? _____

What TV shows/movies does she like to watch? _____

What time does she sleep at night? _____

F. SOCIAL ENVIRONMENT AND BEHAVIOR

Does your child have neighborhood friends? _____

What behavior of your child is most difficult to deal with? _____

What behavior experience has your child had in her previous school, if any? _____

What corrective measures were undertaken to handle this behavior? _____

What special talent/skills does she possess? _____

What are her hobbies? _____

What places has she traveled to? _____

What are the recreational or other activities you enjoy doing together as a family? _____

How much time do you spend with her daily or weekly? Mother _____ Father _____

Please check the items that best describe your child:

- | | | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Independent | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Lazy | <input type="checkbox"/> Happy | <input type="checkbox"/> Obedient |
| <input type="checkbox"/> Active | <input type="checkbox"/> Responsible | <input type="checkbox"/> Bossy | <input type="checkbox"/> Dependent | <input type="checkbox"/> Intelligent | <input type="checkbox"/> Calm/Relaxed |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Stubborn | <input type="checkbox"/> Respectful | <input type="checkbox"/> Cautious | <input type="checkbox"/> Nervous | <input type="checkbox"/> Resentful |
| <input type="checkbox"/> Patient | <input type="checkbox"/> Submissive | <input type="checkbox"/> Confident | <input type="checkbox"/> Polite | <input type="checkbox"/> Moody | <input type="checkbox"/> Organized |
| <input type="checkbox"/> Dependable | <input type="checkbox"/> Loving | <input type="checkbox"/> Studious | <input type="checkbox"/> Honest | <input type="checkbox"/> Quiet | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Assertive | <input type="checkbox"/> Expressive | <input type="checkbox"/> Impatient | <input type="checkbox"/> Talkative | <input type="checkbox"/> Kind | <input type="checkbox"/> Cooperative |