



**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	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Academic Honors and Distinctions

Honor/Award	Preschool Level	Event and Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Subjects liked best \_\_\_\_\_ Why? \_\_\_\_\_  
 Subjects liked least \_\_\_\_\_ Why? \_\_\_\_\_

**D. EXTRA-CURRICULAR ACTIVITIES**

Organizations/Clubs	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? \_\_\_\_\_  
 How often? \_\_\_\_\_ Is she supervised? \_\_\_\_\_ By whom? \_\_\_\_\_

**F. SOCIAL ENVIRONMENT AND BEHAVIOR**

Does your child have playmates? \_\_\_\_\_ Within the home Neighborhood  
 How well does she get along with other kids? \_\_\_\_\_  
 What behavior experience has your child had in her previous school, if any? \_\_\_\_\_  
 What corrective measures were undertaken to handle this behavior? \_\_\_\_\_  
 Child's fear (if any) or traumatic experience \_\_\_\_\_  
 What special talent/skills does she possess? \_\_\_\_\_  
 What are her hobbies or interests? \_\_\_\_\_  
 What places has she traveled to (outside Metro Manila)? \_\_\_\_\_  
 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 \_\_\_\_\_  
 With whom does your child stay if both parents are at work? Aunt Grandparents Cousin Helper  
 Does your child take afternoon naps (siesta)? Yes No  
 What time does she sleep at night? \_\_\_\_\_  
 Where does your child sleep? Own room alone Separate room with \_\_\_\_\_  
Same room as parents Others \_\_\_\_\_  
 Who puts her to bed? \_\_\_\_\_  
 Who handles your child's discipline? Mother Father Others  
 What type of discipline is being implemented at home? Authoritarian Democratic Permissive  
 Is there a conflict in the manner of discipline? Yes No

Please check the items that best describe your child:

- |                                      |   |                                     |                                  |  |
|--------------------------------------|---|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Friendly    | <input type="checkbox"/> Submissive, gives in easily      | <input type="checkbox"/> Dependent  | <input type="checkbox"/> Quiet   | <input type="checkbox"/> Attention seeker    |
| <input type="checkbox"/> Assertive   | <input type="checkbox"/> Bossy, domineering               | <input type="checkbox"/> Happy      | <input type="checkbox"/> Patient | <input type="checkbox"/> A good leader       |
| <input type="checkbox"/> Expressive  | <input type="checkbox"/> Independent                      | <input type="checkbox"/> Shy        | <input type="checkbox"/> Anxious | <input type="checkbox"/> Has temper tantrums |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Restless, hyperactive            | <input type="checkbox"/> Easily cry | <input type="checkbox"/> Calm    | <input type="checkbox"/> Wants own way       |
| <input type="checkbox"/> Outgoing    | <input type="checkbox"/> Withdrawn, prefers to play alone | <input type="checkbox"/> Playful    | <input type="checkbox"/> Spoiled | <input type="checkbox"/> Self-centered       |