



A. PERSONAL INFORMATION

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

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.:	_____	_____	_____
Email Address:	_____	_____	_____

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	_____	_____	_____
	_____	_____	_____
High School/s	_____	_____	_____
	_____	_____	_____

Academic Honors and Distinctions

Honor/Award	Grade/Year 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 |