



# St. Scholastica's Academy

2 West Drive St. Marikina Heights  
Marikina City

2" x 2"  
Picture  
with  
complete  
nametag

## Student Development Center

### STUDENT PERSONAL DATA SHEET

Dear Parents,

One of the aims of the guidance is the discovery and recognition of the child as an individual. This can be accomplished through an open, sincere, well-intended communication between home and school. May we ask you then to share with us some information and comments about your child which may be useful to us in our joint task of helping her develop to the fullest.

Rest assured that all information in this form will be kept CONFIDENTIAL.

Daughter's Name : \_\_\_\_\_ Nickname : \_\_\_\_\_  
Grade & Sec. : \_\_\_\_\_ Ent. Grade Level: \_\_\_\_\_  
(Old Student) (New Student)  
School Year: \_\_\_\_\_

Place of Birth : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_  
Nationality : \_\_\_\_\_ Religion : \_\_\_\_\_ Tel. No. : \_\_\_\_\_  
Home Address : \_\_\_\_\_

### FAMILY BACKGROUND

#### FATHER

#### MOTHER

Name : \_\_\_\_\_ (Put (+) if deceased) \_\_\_\_\_ (Put (+) if deceased)

Date of Birth : \_\_\_\_\_  
Place of Birth : \_\_\_\_\_  
Nationality : \_\_\_\_\_  
Religion: \_\_\_\_\_  
Educational Attainment : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Name / Address of Company : \_\_\_\_\_  
Tel. No. & E-mail Address : \_\_\_\_\_

Please check approximate **Father's** monthly income:

\_\_\_\_\_ Php 2,000. – Php 5,000.  
\_\_\_\_\_ 6,000. – 12,000.  
\_\_\_\_\_ 13,000. – 20,000.  
\_\_\_\_\_ 21,000. – 30,000.  
\_\_\_\_\_ 31,000. – Up

Please check approximate **Mother's** monthly income:

\_\_\_\_\_ Php 2,000. – Php 5,000.  
\_\_\_\_\_ 6,000. – 12,000.  
\_\_\_\_\_ 13,000. – 20,000.  
\_\_\_\_\_ 21,000. – 30,000.  
\_\_\_\_\_ 31,000. – Up

### MARITAL STATUS OF PARENTS (Please check)

\_\_\_\_\_ Parents married in the church  
\_\_\_\_\_ Parents married civilly  
\_\_\_\_\_ Parents living together  
\_\_\_\_\_ Parents separated / divorced  
\_\_\_\_\_ Father remarried  
\_\_\_\_\_ Mother remarried

- If not living with parents, please state..  
Name of Guardian: \_\_\_\_\_  
Relation : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. \_\_\_\_\_

List of Children in your family starting with the **ELDEST**.

<u>Name</u>	<u>Sex</u>	<u>Age</u>	<u>Civil Status</u>	<u>School/ Occupation</u>	<u>Grade or Year Company / Firm</u>
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____

Number of persons living at home : Member of the family : \_\_\_\_\_, Relative / s : \_\_\_\_\_,  
Household helper / s : Male : \_\_\_\_\_, Female \_\_\_\_\_

**CHILD'S EDUCATIONAL BACKGROUND**

<u>NAME OF SCHOOL</u>	<u>SCHOOL ADDRESS</u>	<u>YEARS ATTENDED</u>	<u>HONORS RECEIVED</u>
KINDERGARTEN			
PREPARATORY			
ELEMENTARY			
HIGH SCHOOL			

In the past, our daughter has been seriously ill with and / or operated on \_\_\_\_\_

She suffers from a recurring illness or defect which may need special attention. (Please specify): \_\_\_\_\_

**GENERAL PERSONALITY MAKE-UP**

Check any of the following items which you feel best describe your daughter's general personality make-up :

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Friendly         | <input type="checkbox"/> Unhappy        | <input type="checkbox"/> Cheerful                      |
| <input type="checkbox"/> Reserved         | <input type="checkbox"/> Pessimistic    | <input type="checkbox"/> Lazy                          |
| <input type="checkbox"/> Stubborn         | <input type="checkbox"/> Shy            | <input type="checkbox"/> Submissive                    |
| <input type="checkbox"/> Suspicious       | <input type="checkbox"/> Self-confident | <input type="checkbox"/> Easily bored                  |
| <input type="checkbox"/> Sensitive        | <input type="checkbox"/> Jealous        | <input type="checkbox"/> Irritable                     |
| <input type="checkbox"/> Calm             | <input type="checkbox"/> Talented       | <input type="checkbox"/> Poor health                   |
| <input type="checkbox"/> Depressed        | <input type="checkbox"/> Quick-tempered | <input type="checkbox"/> Moody                         |
| <input type="checkbox"/> Easily-exhausted | <input type="checkbox"/> Withdrawn      | <input type="checkbox"/> Sarcastic                     |
| <input type="checkbox"/> Quiet            | <input type="checkbox"/> Tactful        | <input type="checkbox"/> Lovable                       |
| <input type="checkbox"/> Thoughtful       | <input type="checkbox"/> Conscientious  | <input type="checkbox"/> Feels inferior                |
| <input type="checkbox"/> Independent      | <input type="checkbox"/> Talkative      | <input type="checkbox"/> Others (Please specify) _____ |

**SOCIAL RELATIONSHIP**

Please check any item which applies to your daughter :

- |   |   |
|---|---|
| <input type="checkbox"/> discusses problems with father         | <input type="checkbox"/> prefers to be left alone         |
| <input type="checkbox"/> discusses problems with mother         | <input type="checkbox"/> enjoys family outing and affairs |
| <input type="checkbox"/> enjoys company of brothers and sisters | <input type="checkbox"/> generous with her things         |
| <input type="checkbox"/> friendly with household help           | <input type="checkbox"/> Others (Please specify) _____    |

At home, we find our daughter to be : \_\_\_\_\_

Things that make her angry are : \_\_\_\_\_

Kindly send us back this form through your daughter or in a sealed envelope. In addition to this, we would like to invite you to visit us in the Student Development Center so that we can meet personally and possibly share with one another matters related to your daughter. We are also available for consultation, should you have any question or difficulty regarding your child.

We are looking forward to seeing you.

Sincerely yours,

\_\_\_\_\_  
Life Mentor

\_\_\_\_\_  
Signature of Father / Mother / Guardian  
Over Printed Name

Date Accomplished : \_\_\_\_\_