

ST. SCHOLASTICA'S ACADEMY
Marikina City
STUDENT DEVELOPMENT CENTER
STUDENT PERSONAL DATA SHEET

2" x 2" Picture with complete nametag

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)	Name : _____ (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)

<input type="checkbox"/> Parents married in the church <input type="checkbox"/> Parents married civilly <input type="checkbox"/> Parents living together <input type="checkbox"/> Parents legally separated/ <input type="checkbox"/> divorced <input type="checkbox"/> Father remarried <input type="checkbox"/> Mother remarried <input type="checkbox"/> Widow <input type="checkbox"/> Widower	- If not living with parents, please state.. Name of Guardian: _____ Relation : _____ Address : _____ _____ Telephone No. _____
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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	_____	_____	_____

Our daughter has been diagnosed with mental/ psycho-emotional/ physical conditions (please place a check). She has this condition which may need special attention. (Please specify the condition and the special attention that has to be provided to her.) _____

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 : _____