

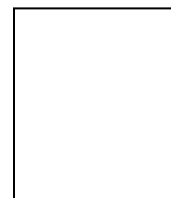
Date of Application:

\_\_\_\_\_



**Dominican School**  
GUIDANCE AND COUNSELING CENTER  
1044 A.H. LACSON ST. SAMPALOC, MANILA

**Form 1A**



Application for:

\_\_\_\_\_

## INFORMATION SHEET

(Grade/Year Level)

App. No. \_\_\_\_

School Year \_\_\_\_ - \_\_\_\_

*(Directions: Fill-up all items correctly. Write N/A for items that do not apply. Please PRINT all entries.)*

### PERSONAL DATA

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Rank: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. Number (Residence) \_\_\_\_\_ Language Spoken: \_\_\_\_\_

### FAMILY BACKGROUND

Name:

Date of Birth:

Occupation:

Employment Address:

Tel. no.:

Educational Attainment:

Last School Attended:

Father	Mother

Marital Status:  Married  Single Parent  Separated  Annulled  Widow/Widower

Guardian's Name: (if not living with parents): \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel.no. \_\_\_\_\_

### MEDICAL INFORMATION

VISION: Normal  Defective  Weight: Normal  Under  Over

Special Condition/Handicap: \_\_\_\_\_

Hospitalization:

Ailment

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

	<b>Name of School</b>	<b>Levels Attended</b>	<b>Years Attended</b>	<b>Honors/ Awards/ Citations</b>
<b>Pre-school</b>				
Nursery				
Kindergarten				
Preparatory				
<b>Grade School</b>				
Grade 1				
Grade 2				
Grade 3				
Grade 4				
Grade 5				
Grade 6				
<b>High School</b>				
1 <sup>st</sup> Year				
2 <sup>nd</sup> Year				
3 <sup>rd</sup> Year				
4 <sup>th</sup> Year				

Academic Strengths: \_\_\_\_\_

Academic Limitations: \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Informant/Relationship