



**STUDENT INFORMATION SHEET**

Please Check: [ ] GPB Main Campus I [ ] GPB Main Campus II [ ] Nasugbu Campus  
[ ] Malvar Campus [ ] Lipa Campus [ ] Lemery Campus  
[ ] Rosario Campus [ ] Balayan Campus [ ] San Juan Campus [ ] Lobo Campus

**NOTE:** In every person’s life is a developing story. The person you are today is a result of your experiences and upbringing, dreams and desires. Sometimes it is tempting to rush through forms like this, please take some time to reflect on your life. The OGC promises to abide by the confidentiality statement explained in the counseling agreement. Please read carefully the last part (at the back) of this form/sheet before you sign.

**PERSONAL HISTORY**

Date: \_\_\_\_\_ SR Code: \_\_\_\_\_

Full Name \_\_\_\_\_ Program/Year \_\_\_\_\_  
Address (Home) \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mobile No. \_\_\_\_\_ Age \_\_\_\_\_  
E-mail address \_\_\_\_\_ Sex \_\_\_\_\_  
Civil Status \_\_\_\_\_ Spouse’s Name (if married) \_\_\_\_\_  
Spouse’s Contact No. \_\_\_\_\_  
Religion \_\_\_\_\_

Name of Father (if living) \_\_\_\_\_ Name of Mother (if living) \_\_\_\_\_  
Age \_\_\_\_\_ Age \_\_\_\_\_  
Office No. \_\_\_\_\_ Office No. \_\_\_\_\_  
Mobile No. \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Highest Educational Attainment \_\_\_\_\_ Highest Educational Attainment \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Name of Company \_\_\_\_\_ Name of Company \_\_\_\_\_  
Nature of Business \_\_\_\_\_ Nature of Business \_\_\_\_\_  
If OFW (what country?) \_\_\_\_\_ If OFW (what country?) \_\_\_\_\_  
Monthly Income (Pls. Check one) Monthly Income (Pls. Check one)  
Below 5000 \_\_\_\_\_ Below 5000 \_\_\_\_\_  
5000-15,000 \_\_\_\_\_ 5000-15,000 \_\_\_\_\_  
16,000-25,000 \_\_\_\_\_ 16,000-25,000 \_\_\_\_\_  
26,000-35,000 \_\_\_\_\_ 26,000-35,000 \_\_\_\_\_  
36,000-45,000 \_\_\_\_\_ 36,000-45,000 \_\_\_\_\_  
46,000-55,000 \_\_\_\_\_ 46,000-55,000 \_\_\_\_\_  
56,000 & above \_\_\_\_\_ 56,000 & above \_\_\_\_\_  
Guardian’s Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home No. \_\_\_\_\_ Mobile No/s. \_\_\_\_\_

**SIBLINGS**

NAME	SCHOOL/COMPANY	AGE	CONTACT NO.

**EDUCATIONAL HISTORY**

	SCHOOLS ATTENDED	YEAR GRADUATED	HONORS/AWARDS RECEIVED
Elementary			
High School			
College			
Others (pls. specify)			

**LIVING ARRANGEMENT**

Parents (Pls. Check)

Living together \_\_\_\_\_

Permanently separated \_\_\_\_\_

Legally Separated/ Marriage annulled \_\_\_\_\_

Own House \_\_\_\_\_

Living with Relatives \_\_\_\_\_

Boarding House \_\_\_\_\_

Apartment \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Name of land lady/lord \_\_\_\_\_

**MEDICAL HISTORY**

Have you received therapy, counseling or treatment in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

When? \_\_\_\_\_ With whom? \_\_\_\_\_

Please describe any current medical condition or history pertinent to problem:

\_\_\_\_\_

Please describe any family history of medical and/or psychological problems:

\_\_\_\_\_

Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_ (If YES, Please list them below):

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Frequency \_\_\_\_\_

Indicate which might have applied during your childhood and/or adolescence:

School Problems \_\_\_\_\_ Medical Problems \_\_\_\_\_ Legal Problems \_\_\_\_\_

Family Problems \_\_\_\_\_ Social Problems \_\_\_\_\_ Drug/Alcohol Problems \_\_\_\_\_

\_\_\_\_\_

Are you enjoying any scholarships now? (Pls. Check)

Yes \_\_\_\_\_ No \_\_\_\_\_

Pls. specify what kind: \_\_\_\_\_

Other person/s who financially supports you \_\_\_\_\_

Thank you for taking the time to complete this form!  
The information you have provided will enable us to better serve your needs.

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**Authorization and Consent to Release Information**

I, the undersigned, hereby authorize the Office of Guidance and Counseling (OGC) to release any information that may have been obtained from my physical, psychological and psychiatric examination or treatment, with the understanding that the OGC will use the aforementioned in determining my admission, retention and/or dismissal from this institution. I also allow the Office of Guidance and Counseling (OGC) to use the information for research purposes.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Date