

Doc. Ref No.:	PSU-NR-GO-001
Effective Date:	Nov 3, 2024
Revision No:	01
Page No:	2 out of 4

Fathers occupation:	Mother's occupation
Average monthly income	Average Income

Other Source of Income: _____

Parents' Status (Please Check):

Living Together widowed/er Separated (annulled or legally separated)

Birth Rank in the Family: _____	Number of Siblings: _____	Number of Children: _____
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Name of Spouse (if married): _____ Occupation: _____

Person to be notified in case of emergencies:

Name: _____ Contact Number/s: _____

Relationship: _____ Address _____ :

III. EDUCATIONAL DATA

	School/s Attended	School Year	School Address	Honor/s Awards Recieved
Elementary				
High School				
Vocational				
College				

Are you presently enjoying scholarship? Yes No

If "yes" indicate scholarship being enjoyed:

IV. ACTIVITIES AND HOBBIES & INTEREST

Exta-curricular activities involved in during elementary and high school(please check):

Sports Theater/Dramatic Guild Choir School Paper Literary Dance Group Others:

Name of Organization	School- Based	Community-Based
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Special Skills: _____

Hobbies: _____

Interest:

<input type="checkbox"/> Dancing	<input type="checkbox"/> Singing	<input type="checkbox"/> Acting	<input type="checkbox"/> Politics	<input type="checkbox"/> Others:
Playing Musical Instruments: Please Specify				
Sports: Please Specify				
Literacy: Plese Specify		<input type="checkbox"/> Debate	<input type="checkbox"/> Oration	<input type="checkbox"/> Story Telling
				<input type="checkbox"/> Poetry Inteerpretation

What Subject in high school you like best?	What subject in high school you like least?
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Doc. Ref No.:	PSU-NR-GO-001
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Revision No:	01
Page No:	3 out of 4

	Never	Not anymore	Occasionally	Almost Always	Habitually
Do you smoke cigarette?					
Do you drink liquor?					
Do you take prohibited drugs?					

V. PERSONAL HISTORY

Have you been discipline in School? Yes No

If "yes" please specify: _____

VI. COUNSELING RECORDS

Date	Concern Taken Up With Counsitor	Remarks	Counsitor's Signature

VII. SCHOLASTIC RECORD

Term and School Year	No. of Units	GWA	Remarks	Counselors Signature
1st Sem 20				
2nd Sem 20				
1st Sem 20				
2nd Sem 20				
1st Sem 20				
2nd Sem 20				
1st Sem 20				
2nd Sem 20				
1st Sem 20				
2nd Sem 20				

Doc. Ref No.:	PSU-NR-GO-001
Effective Date:	Nov 3, 2024
Revision No:	01
Page No:	4 out of 4

VIII. PROBLEM CHECKLIST

Given below is the list of problems which are often troubling students of your age. Please read through slowly, and when you come to a problem which suggests something that is troubling you, place a check mark on the space opposite it.

Feeling tired most of the time	Lacking skills in sports and games	Not having a good college adviser
Not getting enough sleep	Being timid or shy	Having no one to tell my troubles too
Frequent colds/cough/sore throat	Feeling interior	Worrying about unimportant things
Weak eyes	Lacking leadership ability	Too easily Discourage
Frequent Headaches	Not knowing how to study effectively	Unhappy too much of the time
Financial help from home/ benefactor not enough	Having poor background for some subject	Lacking self- confidence
Having no regular allowance	Unable to concetrate well	Going with someone my family won't accept
Working late night on a job	Getting low grades	Loving someone who does not love me
Unsure of future financial support	Afraid to speak up in class discussion	Being in love
Living in an inconvenient location	Doubling the wisdom of my course choice	disappointed in love affair
Not using my leisure time well	Unable to enter my desired choice	Deciding whether to go steady
Getting low grades	Doubting I can get a job in my chosen course	Being Criticized by my parents
Not using my leisure time well	Needing to know my vocational abilities	Parents are Separated
Awkward in meeting people	Purpose in going college is not clear	Parents are unreasonable strict
Slow in getting acquainted with people	Teachers are too hard to understand	Home life is unhappy
Too much social life	Grades unfair measures of ability	Getting into arguments

Student's Signature over Printed

Date Accomplished: _____