



Ateneo de Zamboanga University

JUNIOR HIGH SCHOOL

PAASCU Accredited

SY 20__ - 20__

Guidance & Counseling Office

Student Personal Information Questionnaire (SPIQ)



1 x 1

I.D. Picture

Family Name		Given Name		M.I.
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth date Month ___ Day ___ Year ___	Age	Religious Affiliation <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Islam <input type="checkbox"/> Protestant <input type="checkbox"/> Others, _____	Birth Order <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th Others, _____
Nationality <input type="checkbox"/> Filipino <input type="checkbox"/> Others _____	Home Phone Number Landline : _____ Cell No.: _____ E-mail: _____	Residential Address _____ _____ _____		Grade and Section <input type="checkbox"/> G7 <input type="checkbox"/> G8 <input type="checkbox"/> G9 <input type="checkbox"/> G10 Section: _____ Name of School last attended (G6) _____

PARENTS' INFORMATION
(May be filled up by the student with the assistance of the Parent/Guardian)

	FATHER	MOTHER	GUARDIAN
Complete Name			
Age			
Nationality			
Religion			
Highest Educational Attainment	<input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Undergraduate	<input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Undergraduate	<input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Undergraduate
Occupation			
Name of Office/Agency			
Place of Work/Business			
Contact Number/s			
Economic Status of the family	<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input type="checkbox"/> LOW
Are your parents living with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No { If NO, with whom are you living at present? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Relatives }		
Marital Status of Parents (Please check):	Married: Civil <input type="checkbox"/> Church <input type="checkbox"/> Shariah <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single Parent <input type="checkbox"/> Others (Pls specify) _____		

FAMILY RELATIONSHIP INFORMATION

FAMILY / HOUSEHOLD MEMBERS LIVING AT HOME			DIALECT/S SPOKEN AT HOME	
Member	(✓)	Number of Siblings/Relatives	Language/Dialect	(✓)
Brother/s			Filipino	
Sister/s			Chavacano	
Grandparent/s			English	
Uncle/s			Visayan, _____	
Aunt/s			Islam, _____	
Cousin/s			Chinese, _____	
Household Helper/s			Others, _____	

EDUCATIONAL DATA

LEVEL	NAME OF SCHOOL	ADDRESS	YEAR OF ATTENDANCE	HONORS RECEIVED
PRIMARY				
ELEMENTARY				
JUNIOR HIGH SCHOOL				

STUDY HABITS AT HOME

NO. OF STUDY HOURS DAILY _____

1. Are you being tutored? YES NO

2. If YES, indicate subject/s _____

3. By whom? _____

4. Specify Day/s & Time _____

HEALTH RECORD

✓ Have you been sick or hospitalized within the last two years? YES NO

✓ If YES, indicate illness: _____

✓ Attending Physician: _____

✓ Other health concern: _____

✓ Person to contact in case of emergency: _____

✓ Contact number: _____

SKETCH THE LOCATION OF YOUR HOME ADDRESS AND INCLUDE LANDMARKS (Use the space below)



PRIVACY CONSENT FORM

I have read and fully understood that by providing my personal information, I am agreeing to the Data Protection Policy of the unit/office. Therefore, I am giving my full consent to the ADZU Junior High School Guidance and Counseling Office, to collect, use, store, and disclose my mental health records to the JHS Infirmary if need arises, for the purpose of monitoring, evaluation and program formulation. My signature indicates my adherence to all the policies contained within this privacy consent form of the Guidance and Counseling office of Ateneo de Zamboanga University Junior High School.

Parent's Signature over Printed Name

_____/_____/20_____
Month Day Year