



## STUDENT'S UPGRADE FORM

### I. PERSONAL DATA

A. Name: \_\_\_\_\_ Grade and Section: \_\_\_\_\_  
 B. Present Address: \_\_\_\_\_  
 Tel. No./Mobile No.: \_\_\_\_\_ Gender: \_\_\_\_\_  
 C. Provincial Address: \_\_\_\_\_  
 Tel. No./Mobile No.: \_\_\_\_\_ Religion: \_\_\_\_\_  
 D. Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### II. FAMILY DATA

#### A. Parent/Guardian (Please indicate if parent/s is/ are deceased)

Father's Name:	_____	Mother's Name:	_____
Nationality:	_____	Nationality:	_____
Religion:	_____	Religion:	_____
Highest Educational Attainment:	_____	Highest Educational Attainment:	_____
Occupation:	_____	Occupation:	_____
Office Address:	_____	Office Address:	_____
Contact Number:	_____	Contact Number:	_____
Guardian's Name:	_____	Relationship:	_____
Office/ Home Address:	_____	Contact Number:	_____

#### B. Brothers and Sisters

Name	Age	Gender	Grade / Year Level / Occupation	School / Company	LIVING?	
					Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Yes <input type="checkbox"/>	No <input type="checkbox"/>
					Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### C. Living with: \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_\_\_ Others (Pls. Specify)

#### D. Marital Status of Parents: (Please Check)

**Married:** Civil  Church  Shariah  Re-married   
 Separated  Widowed  Annuled  Live-in   
 Others (please specify) \_\_\_\_\_

#### E. Economic Status of the family (Pls. check)

High  Middle  Low

### III. EDUCATIONAL DATA

#### A. Study Habits at Home:

Number of Study Hours Daily: \_\_\_\_\_  
 Are you being tutored? YES ( ) NO ( ) \_\_\_\_\_  
 If Yes, indicate the Subject/s: \_\_\_\_\_  
 By whom: \_\_\_\_\_  
 Specify day/s & time: \_\_\_\_\_

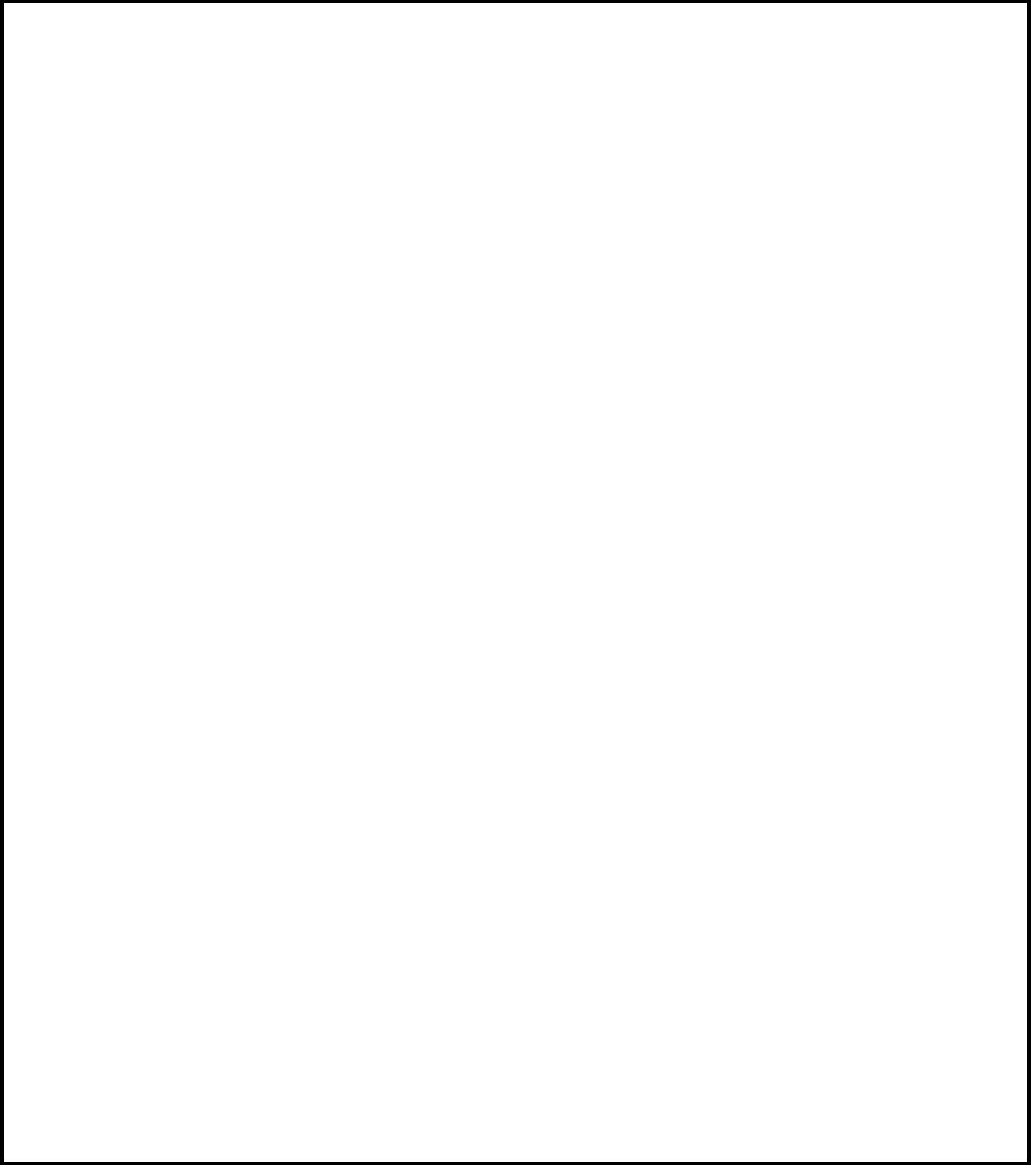
### IV. HEALTH RECORDS

#### A. Have you been sick or hospitalized within the last two years? \_\_\_\_\_

Illness: \_\_\_\_\_ Physician: \_\_\_\_\_

V. LOCATION OF HOME ADDRESS  
*(Please include landmarks. Thank you!)*

**HOUSE SKETCH**



**PRIVACY CONSENT**

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 Name with Signature**

\_\_\_\_\_ /

**Month**

\_\_\_\_\_ /

**Day**

\_\_\_\_\_

**Year**