



## JOHN B. LACSON COLLEGES FOUNDATION (BACOLOD), INC.

(Formerly Iloilo Maritime Academy)  
Alijis, Bacolod City

Paste  
Recent  
2" x 2" Picture

### BASIC EDUCATION DEPARTMENT DepEd ID No. 403019

#### STUDENT INFORMATION SHEET

**General Instructions:** Please read carefully before filling out. All sections of the form must be answered accurately. If any section/item does not apply to the student, please write **N.A.** or **Not Applicable**.

School Year: _____	Grade Level: _____	Strand: _____
Date Filled: _____	PSA Birth Certificate No. _____	LRN: _____

#### I. Personal Information

NAME \_\_\_\_\_  
(Name on Birth Certificate) Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
NICK NAME \_\_\_\_\_ AGE \_\_\_\_\_  
NAME OF SCHOOL LAST ATTENDED \_\_\_\_\_  
GRADE LEVEL \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_ GEN. AVERAGE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
TEL. NO. \_\_\_\_\_ CELL NO. \_\_\_\_\_ EMAIL \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  
NO. OF BROTHERS \_\_\_\_\_ NO. OF SISTERS \_\_\_\_\_ BIRTH ORDER OF THE STUDENT \_\_\_\_\_  
SEX \_\_\_\_\_ RELIGION \_\_\_\_\_ CITIZENSHIP \_\_\_\_\_  
LANGUAGES SPOKEN  HILIGAYNON  FILIPINO  ENGLISH  OTHERS \_\_\_\_\_  
\*Is the applicant's father or mother an alumnus or alumna of JBLCF-B? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, Batch \_\_\_\_\_)

#### II. Academic Information

1. Give a complete list of all schools you attended:

##### Elementary

SCHOOL ATTENDED	ADDRESS	LEVEL	SCHOOL YEAR
_____	_____	Grade _____ to Grade _____	_____ to _____
_____	_____	Grade _____ to Grade _____	_____ to _____
_____	_____	Grade _____ to Grade _____	_____ to _____
_____	_____	Grade _____ to Grade _____	_____ to _____

##### Junior High School/Senior High School

SCHOOL ATTENDED	ADDRESS	LEVEL	SCHOOL YEAR
_____	_____	Grade _____ to Grade _____	_____ to _____
_____	_____	Grade _____ to Grade _____	_____ to _____
_____	_____	Grade _____ to Grade _____	_____ to _____

2. List extra and co-curricular activities, including offices held.

---

3. Did you ever repeat a grade level? \_\_\_\_ Yes \_\_\_\_ No (If yes, please state the name of school, grade level and reason(s) for repeating.)

---

4. Were you ever placed on disciplinary or behavioral probation or suspension?  
\_\_\_\_ Yes \_\_\_\_ No (If yes, please specify the nature of the problem)

---



---

### III. Family Information

INFORMATION	FATHER		MOTHER	
Name	<input type="checkbox"/> Living <input type="checkbox"/> Deceased		<input type="checkbox"/> Living <input type="checkbox"/> Deceased	
Nationality				
Address				
Contact No.				
Email				
Educational Attainment				
Occupation				

Siblings (List down brothers and sisters of the student starting with the eldest)

NAME	AGE	SCHOOL LAST ATTENDED/ JOB POSITION	EDUCATIONAL ATTAINMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If student is not staying with the parents, fill out the following information:

Guardian's Name \_\_\_\_\_ Relationship with the student: \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_ Contact No. \_\_\_\_\_

### IV. Health Information

1. Date of your last physical exam or visit to your physician \_\_\_\_\_

2. Purpose of the visit \_\_\_\_\_

3. State nature of illness or disability, which should be taken into consideration in student's participation in school activities.

---

4. Has the child undergone any form of therapy?

\_\_\_\_ Yes \_\_\_\_ No (If yes, please specify the kind of therapy and the period of treatment)

---

5. Has the child undergone any form of surgical operation?  
\_\_\_\_ Yes \_\_\_\_ No (If yes, please specify the kind of operation)

---

---

## **V. Affirmation**

I hereby certify that the above information given are true and correct to the best of my knowledge and I allow John B. Lacson Colleges Foundation (Bacolod), Inc. and the Department of Education to use my child's details to create and/or update his/her learner profile in the Learner Information System. The information given shall be treated as confidential in compliance with the Data Privacy Act of 2012.

---

Parent's/Guardian's Signature over Printed Name

---

Student's Signature over Printed Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_

*(To be accomplished by the High School Staff)*

### **Voucher Details**

- Public School Student
- ESC Grantee No. \_\_\_\_\_
- QVR (Applied for Voucher Subsidy) No. \_\_\_\_\_
- No Voucher

### **Documents submitted**

#### Transferees (Grades 8, 9, & 11) / New Students (Grades 7 & 11)

- Form 138 (1 Original Copy and 3 Photocopies)
- Birth Certificate—SECPA (4 Photocopies)
- 2 x 2 ID Picture (4 pcs)
- Good Moral Character (1 Original Copy and 2 Photocopies)
- Long Brown Envelope (2 pcs)
- ESC / QVR Certificate for Grade 11 (Photocopy)

#### Old Students /Continuing (Grades 8, 9, 10, & 12)

- Form 138 (Original Copy)

### **Remarks:**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Signature over Printed Name of HS Staff