



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: _____
Signature over Printed Name of HS Staff

Date: _____