

FAMILY DATA

| | FATHER | MOTHER | GUARDIAN <i>(if applicable)</i> |
|---|--------|--------|------------------------------------|
| Name | | | |
| Age <i>(or if deceased, when)</i> | | | |
| Date of Birth | | | |
| Please indicate if: <i>Solo-Parent; Widowed; Separated</i> | | | |
| High School Attended | | | |
| College Attended | | | |
| Degree | | | |
| Other studies, if any | | | |
| Graduate studies | | | |
| Residence Address <i>(indicate "ditto" if same address)</i> | | | |
| Barangay | | | |
| Res. Tel. No. | | | |
| Res. Fax No. | | | |
| Mobile No. | | | |
| E-mail Address | | | |
| Name of Parish | | | |
| Occupation/Profession/Business | | | |
| Business/Company Name | | | |
| Business/Company Address | | | |
| Office Tel. No. | | | |
| Office Fax. No. | | | |
| Position <i>(current)</i> | | | |
| No. of years in present job | | | |
| ANNUAL GROSS INCOME including salary, bonuses, commissions, differentials, overtime pay, etc. <i>(DO NOT LEAVE BLANK)</i> | | | |
| If self-employed, please describe briefly, nature of work, etc. | | | |
| If unemployed, since when and reason for unemployment | | | |
| If retired, or ever availed of early retirement, when and under which company | | | |
| Do you have Life Insurance? (Y/N) If yes, since when? | | | |
| Do you have Health Insurance? (Y/N) If yes, since when? | | | |
| Other Information/Comments | | | |

Student Name: _____

Student No.: _____

Grade and Section: _____

CHILDREN IN SCHOOL/ NOT YET STUDYING (Including the applicant) *Please use separate sheet if needed.*

| | | | |
|---------------------------|--|--|--|
| Name | | | |
| Age | | | |
| Civil Status | | | |
| Grade/ Year Level | | | |
| School | | | |
| Yearly Tuition | | | |
| Amount covered by Parents | | | |
| Amount of Scholarship | | | |

CHILDREN NO LONGER IN SCHOOL/ WHO ARE EMPLOYED *Please use separate sheet if needed.*

| | | | |
|---|--|--|--|
| Name | | | |
| Age | | | |
| Civil Status and No. of Dependents, if applicable | | | |
| Residing with the Family? (Y/N) | | | |
| Educational Attainment; School | | | |
| If employed, name of employer, position and no. of years in the company | | | |
| If self-employed, nature of work | | | |
| Annual Gross Income | | | |
| If unemployed, since when and reason for unemployment | | | |

SUPPORT TO OTHERS AND FROM OTHERS

| SUPPORT | TO OTHERS (Dependents living with the family) | FROM OTHERS (Persons assisting with family household and educational expenses) |
|---------------------------------|--|---|
| Name | | |
| Relation to Family | | |
| If monetary, amount per monthly | | |
| Duration and extent of support | | |
| Others: | | |
| | | |

FAMILY STATUS *Please check any statement that applies.*

- | | |
|---|---|
| <input type="checkbox"/> Applicant lives with both parents | <input type="checkbox"/> Applicant lives with father only |
| <input type="checkbox"/> Applicant lives with grandparents | <input type="checkbox"/> Applicant lives with mother only |
| <input type="checkbox"/> Parents are separated, since _____ | <input type="checkbox"/> Father is deceased |
| <input type="checkbox"/> Parents are divorced, since _____ | <input type="checkbox"/> Mother is deceased |
| <input type="checkbox"/> Others _____ | |

Student Name: _____

Student No.: _____

Grade and Section: _____

FAMILY FINANCIAL STATUS

GROSS INCOME (in Phil Pesos)

| | |
|---|--|
| Annual Pay, Allowance & Benefits | |
| Father | |
| Mother | |
| Guardian | |
| Commissions | |
| Profit on Business | |
| Profit/Rental of Lands | |
| Real Estate: Market Value | |
| Agricultural Land | |
| Rentals on Residence/Buildings | |
| Interest Income | |
| Dividends | |
| Financial Support from Children | |
| Financial Support from Relatives | |
| Financial Support from Family Association (MUST submit documents) | |
| Financial Support from Employer | |
| Financial Support from Others | |
| Pension (MUST submit documents) | |
| Insurance Benefits | |
| Others: Please specify. | |
| TOTAL ANNUAL FAMILY GROSS INCOME | |

| ACCOUNTS | Bank/Company | Latest Balance |
|--------------------------------------|--------------|---------------------|
| Current/Checking | | |
| Savings | | |
| Time Deposit | | |
| Other Deposit | | |
| Foreign Currency | | |
| Stocks/Shares | | |
| Mutual Funds | | |
| Other Types of Bonds | | |
| Credit Card/s (Cardholder's Name) | Bank/Company | Outstanding Balance |
| | | |
| | | |
| | | |
| Loan Type | Bank/Company | Monthly Payment |
| | | |
| | | |
| | | |

**If the Total Annual Family Expenses is higher than the Total Annual Family Gross Income, please explain in your letter how the deficit is covered.*

Do you own/co-own a business or a home industry? YES (If Yes, please fill out table below.) NO

| Type of Business | Date Started | No. of Employees | Capital Invested | Annual Net Profit |
|------------------|--------------|------------------|------------------|-------------------|
| | | | | |
| | | | | |

On the average, how much is the budgeted monthly school allowance of the student? _____

FAMILY EXPENSES

| Monthly Expenses | |
|---|--|
| Food/Grocery | |
| House Rental/Amortization | |
| Car Loan | |
| Electricity | |
| Water | |
| LPG | |
| Telephone (line/prepaid) | |
| Internet (Wi-Fi) | |
| Cable TV | |
| Mobile Phone (prepaid/postpaid) | |
| School/Work Allowance | |
| Support for relatives: | |
| Transportation Allowance (including fare and gas) | |
| Tutorials (academic, musical, sports) | |
| Helper/Driver Salary | |
| Personal Care (beauty parlor, barber, spa, cosmetics) | |
| Recreational Expenses (watching movies, dine-in, take-out, gym, etc.) | |
| Periodicals (magazine, subscription) | |
| Gifts (birthdays, anniversaries) | |
| Others: Please specify. | |
| Subtotal of Monthly Expense | |
| TOTAL MONTHLY EXPENSES x 12 MONTHS A) | |

| Yearly Expenses | |
|---|--|
| Clothing | |
| Domestic and Foreign Travel (airfare, accommodation, food, etc.) | |
| Home Repair/Improvement | |
| Insurance/Medical Plans | |
| Medical (check-up, lab fee, medicine) and Dental | |
| Motoring Expenses (car maintenance, LTO registration, car insurance) | |
| Tuition Fees of other children | |
| School Bus Service | |
| School Supplies/Books/Uniform | |
| SSS/GSIS, Pag-ibig, PhilHealth (contributions) | |
| Withholding Tax | |
| Loan Payments | |
| Others: Please specify. | |
| Subtotal of Yearly Expenses (B) | |
| TOTAL ANNUAL FAMILY EXPENSES* (Add A and B) | |

Student Name: _____

Student No.: _____

Grade and Section: _____

HOUSEHOLD DATA

PERMANENT RESIDENCE:

- House Apartment Condominium Town House

Home Ownership:

- Owned Rented (₱ _____ / month)
 Living with relatives/friends Mortgaged (Bank _____)
 Company-owned Others: _____

When was the last renovation? _____ How much was spent? ₱ _____

Size of lot: _____ m² House floor area: _____ m² No. of floors: _____

No. of bedrooms: _____ No. of toilet/bathrooms: _____ No. of years in current residence: _____

Is this where the student presently resides? Yes No If no, please provide the current address:

OTHER PROPERTIES OWNED/ INHERITED (agricultural, residential, commercial, industrial, etc.)

| Description and/or use | Location | Size | Date Acquired | Acquisition Cost | Present Market Value | Yearly Net Income |
|------------------------|----------|------|---------------|------------------|----------------------|-------------------|
| | | | | | | |
| | | | | | | |

HOUSEHOLD POSSESSIONS *Please do not leave blank, write N/A if it is Not Applicable.*

| Items | Quantity | Date Acquired | Acquisition Cost | Balance to be paid | Monthly Payment |
|---|----------|---------------|------------------|--------------------|-----------------|
| Aircon | | | | | |
| Camera, SLR, Lenses | | | | | |
| iPhone, Cellphone, Smartphone | | | | | |
| Audio System | | | | | |
| Gaming Consoles (XBOX, PSP, Wii) | | | | | |
| Home Theater System | | | | | |
| iPad, Tablet | | | | | |
| MacBook, Laptop, PC, Netbook | | | | | |
| Gas Range | | | | | |
| Microwave, Oven | | | | | |
| Rice Cooker | | | | | |
| Musical Instrument | | | | | |
| DVD, CD Player, Ipod Dock | | | | | |
| Digital Media Players (iPod, MP3, etc.) | | | | | |
| Printer, Scanner | | | | | |
| Refrigerator, Freezer | | | | | |
| Flat Screen TV | | | | | |
| Washing Machine, Dryer | | | | | |
| Vacuum Cleaner, Floor Polisher | | | | | |
| Flat Iron, Steam Iron | | | | | |
| Blender, Juicer | | | | | |
| Bicycle, Kid Trike, Skate Board, Hoverboard | | | | | |

Student Name: _____

Student No.: _____

Grade and Section: _____

MEMBERSHIP

Are you affiliated or a member of any membership shopping clubs, country clubs, golf clubs, etc.?

Yes (Please specify) _____ No

VEHICLES Please list any motorized vehicles owned or regularly used by the family.

(Cars, SUV, Van, UV Express, Delivery Truck, Jeepney, Motorcycle, etc.)

| Brand | Model | Year | Name of Owner* | Relationship with student | Date Acquired | Acquisition Cost | Availed of Loan (Y/N) | Balance to be paid |
|-------|-------|------|----------------|---------------------------|---------------|------------------|-----------------------|--------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

* If Company Owned, please attach a copy of the latest OR and CR.

HOLIDAY/VACATION

Did the family go on vacation within the last 5 years? Yes No

Abroad? Yes No Province/s? Yes No

If yes, please list country and province.

| Country/Province | When? | How often? | Who shoulder the expenses? |
|------------------|-------|------------|----------------------------|
| | | | |
| | | | |
| | | | |

EDUCATIONAL PLAN

Are any of your children enrolled in any educational plan? Yes No

If yes, please specify which company and plan you availed of.

| Name of Company | Type of Plan | | | |
|-----------------|---------------------------------------|--------------------------------------|----------------------------------|------------------------------|
| | <input type="checkbox"/> Grade School | <input type="checkbox"/> High School | <input type="checkbox"/> College | <input type="checkbox"/> All |
| | <input type="checkbox"/> Grade School | <input type="checkbox"/> High School | <input type="checkbox"/> College | <input type="checkbox"/> All |
| | <input type="checkbox"/> Grade School | <input type="checkbox"/> High School | <input type="checkbox"/> College | <input type="checkbox"/> All |
| | <input type="checkbox"/> Grade School | <input type="checkbox"/> High School | <input type="checkbox"/> College | <input type="checkbox"/> All |
| | <input type="checkbox"/> Grade School | <input type="checkbox"/> High School | <input type="checkbox"/> College | <input type="checkbox"/> All |

CERTIFICATION

We hereby certify that the above information is true and accurate. We also agree and promise to cooperate with representatives of the school who will visit us for an interview in connection with this application. **We further agree that if any information is found inaccurate, the Committee reserves the right to reject/cancel our application.**

_____ Father's Signature over Printed Name

_____ Date

_____ Mother's Signature over Printed Name

_____ Date

_____ Guardian's Signature over Printed Name

_____ Date

----- **Please Do Not Write Below This Line** -----

Required documents have been checked and found to be complete.

_____ Grant-in-Aid Officer

_____ Date Received / Date Checked

FAMILY PICTURE

Paste recent and clear
FAMILY PICTURE
Only immediate family members should be in the picture
Size: 3R or 3.5" x 5"

Please write the names of your family members. (Left to Right)

1st Row: _____

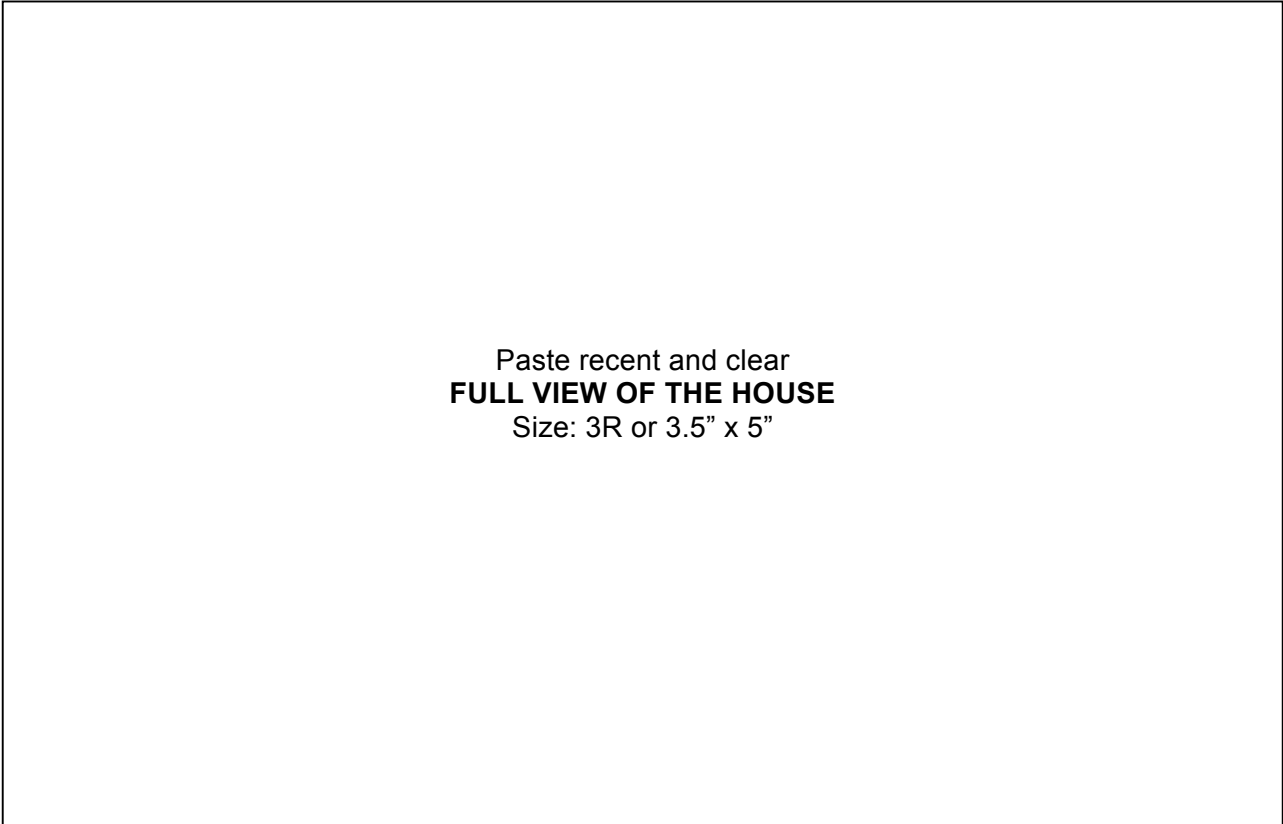
2nd Row: _____

Student Name: _____

Student No.: _____

Grade and Section: _____

RESIDENCE/HOUSE PICTURES



Student Name: _____

Student No.: _____

Grade and Section: _____

LOCATION MAP OF THE RESIDENCE

Student's Name: _____
LEGAL NAME LAST NAME FIRST NAME MIDDLE NAME

Current Grade & Section: _____ Student No.: _____

Home Tel. No.: _____ Office Tel. No.: _____ Mobile No.: _____

COMPLETE HOME ADDRESS

Please write in print.

Block # _____ Lot # _____ House # _____ Building # _____ Floor # _____
Street _____ Subdivision/Village _____
Barangay _____ Municipality/District _____
Town _____ Province _____

Please **sketch** below the location of your house. Do not attach printed maps from Google, Yahoo, etc. Kindly indicate a **specific landmark** (sari-sari store, bank, market, etc.) that can help the Home Visiting Team find easily your place of residence. **Please attach a clear, recent full view of your residence/house at the back.**