

PUNLAAN SCHOOL

Household Services Program

1 X 1
ID Picture*Personal Data Form***I. PERSONAL BACKGROUND**

Name			
(Last Name)	(First Name)	(Middle Name)	
Age	Height	Religion	
Nickname	Birthdate	Birthplace	
Health <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Satisfactory <input type="checkbox"/> Excellent			
Complete Metro Manila Address			
No.		Street	
Subd./Vill.		Barangay	
District		Town	
City		Province	
Metro Manila Telephone #		Zip Code	
Telephone		Cellphone	
Referred by			

II. FAMILY BACKGROUND

Father's Name			Age
Occupation		Monthly Salary	
Mother's Name			Age
Occupation		Monthly Salary	
Total no. of children in the family		No. of brothers	No. of sisters
Names of sons	Age	Married or Single	Occupation
Names of daughters	Age	Married or Single	Occupation

Sicknesses in the past

Sicknesses at present (ex: Hepa-A/B, Tuberculosis, Mental Sicknesses)

Who will support your transportation, food, board & lodging allowance in Metro Manila?

III. EDUCATIONAL BACKGROUND

NSAT Rating	Year Taken	High School Gen. Ave.	
Interests, Hobbies, Sports			
Machines / Equipment you can operate			
Dialects / Language you can speak			
Schools Attended			
Level	School's Name	Address	Honors / Awards
			(From - To)
Elementary			
High School			
Technical/Vocational			
College			

IV. AGREEMENT

I hereby affirm that I fully understand all the foregoing questions and that my answers thereto and all the data I gave in this application are true, complete and correct to the best of my knowledge. I understand that my filing of application does not oblige Punlaan School to accept me into their program/s, and that Punlaan School may dispose of this application in any manner it so desires. I also authorize Punlaan School to make inquiries as to my records with no liability arising therefrom. I further acknowledge that any misrepresentation or material omission in the foregoing answers and data which may be subsequently found shall be sufficient cause for the cancellation of this application or for my dismissal if already enrolled.

Applicant's Signature _____

Date _____