



Republic of the Philippines  
**BULACAN AGRICULTURAL STATE COLLEGE**  
**Office of Student Affairs and Services**  
**Student Welfare Services Unit**  
Pinaod, San Ildefonso, Bulacan 3010

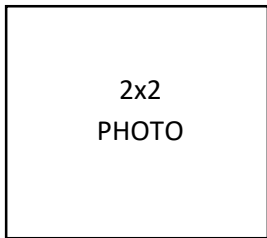
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**INDIVIDUAL INVENTORY FORM**

AY 20\_\_ - 20\_\_



**I. PERSONAL DATA**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Family Name First Name Middle Name)  
Contact No: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Nickname: \_\_\_\_\_ Course & Year: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Boarding House Address: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Status: \_\_\_\_\_ Religion: \_\_\_\_\_ Language Spoken/Written: \_\_\_\_\_  
If working, please indicate the name and address of employer: \_\_\_\_\_

**II. FAMILY AND CULTURAL BACKGROUND**

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| A. Name of Father: _____              | Name of Mother: _____                 |
| Address: _____                        | Address: _____                        |
| Date of Birth: _____                  | Date of Birth: _____                  |
| Age: _____ Religion: _____            | Age: _____ Religion: _____            |
| Occupation: _____                     | Occupation: _____                     |
| Language Spoken/Written: _____        | Language Spoken/Written: _____        |
| Contact No.: _____                    | Contact No.: _____                    |
| Highest Educational Attainment: _____ | Highest Educational Attainment: _____ |

Parents' Marital Relationship: (Please Check)

- |   |  |
|---|--|
| <input type="checkbox"/> Single Parent                | <input type="checkbox"/> Not Married but Living Together |
| <input type="checkbox"/> Married and staying together | <input type="checkbox"/> Other's (please specify)        |
| <input type="checkbox"/> Married but Separated        | _____  |

B. Guardian, if not living with parent: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

C. Name of siblings in chronological order

| Name | Age |
|------|-----|
|      |     |
|      |     |
|      |     |
|      |     |
|      |     |

D. If married (pls. check)

Married     Separated     Widowed     Other: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Highest Educational Attainment: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Place of Work: \_\_\_\_\_

E. Name of children in chronological order

| Name | Age |
|------|-----|
|      |     |
|      |     |
|      |     |

**III. EDUCATIONAL BACKGROUND**

| School Attended     | Inclusive Dates | Awards/ Recognition |
|---------------------|-----------------|---------------------|
| Elementary:         |                 |                     |
| Junior High School: |                 |                     |
| Senior High School: |                 |                     |

Course Preferences: First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_ Third Choice: \_\_\_\_\_  
 Reason for these choices: \_\_\_\_\_  
 Reason for choosing BASC: \_\_\_\_\_  
 In what way your education is being supported? \_\_\_\_\_  
 Members to organizations: \_\_\_\_\_  
 Special Interests: \_\_\_\_\_

**IV. HEALTH DATA**

|  |         |  |  |
|--|---------|--|--|
| Height:  | Weight: | Color of the Eyes:<br><input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Blue<br>Others: _____ | Hearing:<br><input type="checkbox"/> Normal <input type="checkbox"/> Impaired<br>Others: _____ |
| Early Diseases: <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Hepatitis <input type="checkbox"/> Dengue Others: _____ |         |  |  |
| Serious accidents: <input type="checkbox"/> Fatal injury <input type="checkbox"/> Burn <input type="checkbox"/> Vehicular Others: _____                                |         |  |  |
| Other health-related concerns, please specify:   |         |  |  |

**V. QUESTIONS TO PONDER**

|    |   |
|----|---|
| 1. | What are the problems or obstacles you are experiencing as of the moment?<br>_____<br>_____ |
| 2. | What are the ways you think can best help to surpass these challenges?<br>_____<br>_____    |

I hereby certify that the above information is true and correct to the best of my knowledge and ability.

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Date