	Republic of the Philippines **BULACAN AGRICULTURAL STATE COLLEGE** **Office of Student Affairs and Services** **Student Welfare Services Unit** Pinaod, San Ildefonso, Bulacan 3010	Document No.: BASC-SWSU-QSF-06 Rev. No.: 00
	INDIVIDUAL INVENTORY FORM	Effectivity Date: 02/10/2020

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2x2
PHOTO

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: _____
Address: _____
Date of Birth: _____
Age: _____ Religion: _____
Occupation: _____
Language Spoken/Written: _____
Contact No.: _____
Highest Educational Attainment: _____

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

Parents' Marital Relationship: (Please Check)
[ ] Single Parent
[ ] Married and staying together
[ ] Married but Separated
[ ] Not Married but Living Together
[ ] Other's (please specify)
_____

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

C. Name of <u>siblings</u> 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: [ ] Black[ ] Brown[ ] Blue Others: _____	Hearing: [ ] Normal [ ] Impaired Others: _____
Early Diseases: [ ] Chicken Pox [ ] Measles [ ] Hepatitis [ ] Dengue Others: _____			
Serious accidents: [ ] Fatal injury [ ] Burn [ ] 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?
   _____
   _____
2. What are the ways you think can best help to surpass these challenges?
   _____
   _____

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

_____
Signature Over Printed Name

_____
Date