

LA CONSOLACION COLLEGE CALOOCAN
REGISTRAR'S COPY
STUDENT'S PROFILE

Student's Information

Student ID No. _____

Learner's Reference No. _____

Email Address: _____

LAST NAME **GIVEN NAME** **MIDDLE NAME**
 Sex _____ Bdate _____ Birthplace _____ No. of Siblings _____
 Address _____

No./Street & Brgy. **Town/City/Municipality** **Province** **Zip Code**
Religion _____ **Telephone No.** _____ **Mobile No.** _____
Course Enrolled _____ **Year Level** _____

School Last Attended:

Elementary School _____ **Year Graduated** _____

High School _____ **Year Graduated** _____

Family Background

FATHER'S NAME	MOTHER'S MAIDEN NAME
LASTNAME, GIVEN NAME, MIDDLE NAME	
EDUCATIONAL ATTAINMENT	
OCCUPATION	
WORK ADDRESS	
TELEPHONE / MOBILE NO.	
AVERAGE MONTHLY INCOME	

I hereby authorize the school to gather, organize, collect, store, retrieve or use my personal information for any legitimate educational purpose. These records will be handled properly in compliance with the Data Privacy Act.

 Signature of Student

 Signature of Parent