



# EPIFANIO DELOS SANTOS ELEMENTARY SCHOOL

School ID: 136587

## STUDENT PROFILE

1X1  
Picture

Learners Reference Number (LRN): \_\_\_\_\_

### PART I

Name	Surname	First Name	Middle Name
Date of Birth	Month	Day	Year
Address	House/Block/Lot Number	Street	Subdivision/Village
	Barangay	City/Municipality	Province
Father	Zip Code	Birth Place	Religion
	Surname	First Name	Middle Name
Mother	Age & Date of Birth	Occupation & Status	Contact Number
	Maiden Surname	First Name	Maiden Middle Name
Guardian	Age & Date of Birth	Occupation & Status	Contact Number
	Surname	First Name	Middle Name
Guardian	Age & Date of Birth	Occupation & Relation to the child	Contact Number

### PART II

Height	Weight	Body Mass Index (BMI)
Do you have ailments? (Attach medical record/certificate)	Specify:	

### PART III

<b>Are you a TRANSFEREE?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what school were you from?		
<b>Are you a BALIK-ARAL Student?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what school were you from?		
What year did you stop studying?		
What are your reasons for stopping?		
<b>Are you a REPEATER?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what school were you from?		
What subjects did you fail?		
What are your reasons for failing?		
<b>Are you a 4PS BENEFICIARY?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, since what year?		
<b>Are you a student from ALIVE (Arabic Language and Islamic Values Education)?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Accomplished by: \_\_\_\_\_  
 (Signature over printed name)

Date of Submission: \_\_\_\_\_