



**CMLS FORM 113: STUDENT'S PERSONAL INFORMATION SHEET**

Paste 1x1  
colored recent  
picture  
here with name  
tag at the back

**I. PERSONAL PROFILE**

Name of Student: \_\_\_\_\_

Permanent Address (with Zip Code): \_\_\_\_\_

Temporary Address: \_\_\_\_\_

Landline: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Religion: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

ID Number: \_\_\_\_\_

**II. EDUCATIONAL BACKGROUND**

Elementary: \_\_\_\_\_

Address: \_\_\_\_\_

Year started: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Secondary: \_\_\_\_\_

Address: \_\_\_\_\_

Year started: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

**(FOR TRANSFEREES, SECOND COURSE TAKERS & COLLEGE GRADUATES ONLY)**

Tertiary: \_\_\_\_\_

Address: \_\_\_\_\_

Graduated:  YES  NO

(If Yes) Year started: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

(If No) Last Term and SY Enrolled: \_\_\_\_\_

Have you been enrolled in De La Salle Medical and Health Sciences Institute?  Yes  No

If Yes, please indicate your Student Number: \_\_\_\_\_

**III. FAMILY BACKGROUND**

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**IV. PERSON TO CONTACT IN CASE OF EMERGENCY**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

I hereby certify that all information stated is true and correct.

\_\_\_\_\_  
Signature over Printed Name of Student

