



Patriotism • Leadership • Service • Professionalism

PAMANTASAN NG LUNGSOD NG SAN PABLO
STUDENT AFFAIRS AND SERVICES
Guidance and Counseling Office

Brgy. San Jose, San Pablo City
Tel No.: (049) 536-7830
Email Address: plspofficial@plsp.edu.ph



OVPA – SAS – GCO – 04

STUDENT CUMULATIVE RECORD FORM

PROGRAM ENROLLED: _____

(Kindly check your sex by birth) MALE: _____ FEMALE: _____

2X2 Colored
Picture with white
background

A. PERSONAL AND FAMILY INFORMATION

NAME: _____

(Last Name)

(First Name)

(Middle Name)

ADDRESS: _____ ZIPCODE: _____

AGE: _____ CIVIL STATUS _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

LRN#: _____ CELLPHONE#: _____

EMAIL ADDRESS _____

	NAME	AGE	OCCUPATION
FATHER	_____	_____	_____
MOTHER	_____	_____	_____

Are you living with your Parents? YES: _____ NO: _____

If NO, who is your Guardian here? Name: _____ RELATIONSHIP: _____

	NAME OF BROTHERS/SISTERS	CIVIL STATUS	OCCUPATION
Eldest	_____	_____	_____
2nd	_____	_____	_____
3rd	_____	_____	_____
4th	_____	_____	_____
5th	_____	_____	_____
6th	_____	_____	_____
7th	_____	_____	_____
8th	_____	_____	_____
9th	_____	_____	_____
10th	_____	_____	_____

B. EDUCATIONAL BACKGROUND

	NAME OF SCHOOL	YEAR COMPLETED
7th Grade	_____	_____
8th Grade	_____	_____
9th Grade	_____	_____
10th Grade	_____	_____
11th Grade	_____	_____
12th Grade	_____	_____

Awards Received if any

GRADE LEVEL	AWARD/S RECEIVED

“Primed to Lead and Serve for Progress”



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(For Transferee only):

College if any

NAME OF SCHOOL

PROGRAM

C. HEALTH RECORD

Do you have any physical defect or any form of disability which may give you inconveniences or interfere with your studies? _____ YES _____ NO

If YES, kindly state the nature of the defect _____

Kindly state your allergies in food/s and medicine/s

FOOD/S	MEDICINE/S

D. IN CASE OF EMERGENCY, KINDLY CONTACT:

NAME	CONTACT NUMBER/S	RELATIONSHIP

CONSENT

I am fully aware that the Pamantasan ng Lungsod ng San Pablo or its designated representative is duty bound and obligated under the Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, to protect all my personal and sensitive information that it collects, processes, and retains upon my application for Cumulative Record Form.

Likewise, I am fully aware that PLSP may share such information to affiliated or partner organizations as part of its contractual obligations, or with government agencies pursuant to law or legal processes. In this regard, I hereby allow PLSP to collect, process, use and share my personal data in the pursuit of its legitimate academic, research, and employment purposes and/or interests as an educational institution.

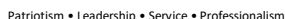
I hereby certify that all information supplied in this application form for PLSP – Student Cumulative Record is complete and accurate. I also understand that any false information will disqualify me from the issuance of the said form.

Signature over printed name of Applicant

Date

“Primed to Lead and Serve for Progress”

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