



BASIC EDUCATION ENROLLMENT FORM

THIS FORM IS NOT FOR SALE.

School Year -
 Grade level to Enroll:

Check the appropriate box only
 1. With LRN? Yes No
 2. Returning (Balik-Aral) Yes No

INSTRUCTIONS:

Print legibly all information required in CAPITAL letters. Submit accomplished form to the Person-in-Charge/Registrar/Class Adviser. Use black or blue pen only.

LEARNER INFORMATION

PSA Birth Certificate No. (if available upon registration) _____ Learner Reference No.

Last Name Birthdate (mm/dd/yyyy) Place of Birth (Municipality/City)

First Name Sex Male Female Age Mother Tongue

Middle Name Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community Yes No If Yes, please specify: _____

Extension Name e.g. Jr., III (if applicable) Is your family a beneficiary of 4Ps? Yes No

If Yes, write the 4Ps Household ID Number below

Is the child a Learner with Disability? Yes No

If Yes, specify the type of disability:

Visual Impairment Hearing Impairment Learning Disability Intellectual Disability
 a. blind Autism Spectrum Disorder Emotional- Behavioral Disorder Orthopedic/Physical Handicap
 b. low vision Speech/Language Disorder Cerebral Palsy Special Health Problem/ Chronic Disease
 Multiple Disorder a. Cancer

Current Address

House No. Sitio/Street Name Barangay
 Municipality/City Province Country Zip Code

Permanent Address Same with your Current Address? Yes No

House No./Street Street Name Barangay
 Municipality/City Province Country Zip Code

PARENT'S/GUARDIAN'S INFORMATION

Father's Name
 Last Name First Name Middle Name Contact Number

Mother's Maiden Name
 Last Name First Name Middle Name Contact Number

Legal Guardian's Name
 Last Name First Name Middle Name Contact Number

For Returning Learner (Balik-Aral) and Those Who will Transfer/Move In

Last Grade Level Completed _____

Last School Year Completed _____

Last School Attended _____

School ID

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For Learners in Senior High School

Semester 1st 2nd

Track _____

Strand _____

If school will implement other distance learning modalities aside from face-to-face instruction, what would you prefer for your child?

Choose all that apply:

- | | | | |
|--|---|--|----------------------------------|
| <input type="checkbox"/> Modular (Print) | <input type="checkbox"/> Online | <input type="checkbox"/> Radio-Based Instruction | <input type="checkbox"/> Blended |
| <input type="checkbox"/> Modular (Digital) | <input type="checkbox"/> Educational Television | <input type="checkbox"/> Homeschooling | |

I hereby certify that the above information given are true and correct o the best of my knowledge and I allow the Department of Education to use my child's details to create and/or update his/her learner profile in the Learner Information System. The information herein shall be treated as confidential in compliance with the Data Privacy Act of 2012.

Signature Over Printed Name of Parent/Guardian

Date