



# MODIFIED LEARNER ENROLLMENT AND SURVEY FORM

THIS FORM IS NOT FOR SALE

**Instructions:**

1. This enrollment survey shall be answered by the parent/guardian of the learner.
2. Please read the questions carefully and fill in all applicable spaces and write your answers legibly in CAPITAL letters. For items not applicable, write N/A.
3. For questions/ clarifications, please ask for the assistance of the teacher/ person-in-charge.

## A. GRADE LEVEL AND SCHOOL INFORMATION

A1. School Year  -  A2. Check the appropriate boxes only  No LRN  With LRN A3.  Returning (Balik-Aral)

A4. Grade Level to enroll: \_\_\_\_\_ A7. Last School Attended: \_\_\_\_\_ A8. School ID: \_\_\_\_\_ A11. School to enroll in: \_\_\_\_\_ A12. School ID: \_\_\_\_\_

A5. Last grade level completed: \_\_\_\_\_ A9. School Address: \_\_\_\_\_ A13. School Address: \_\_\_\_\_

A6. Last school year completed: \_\_\_\_\_ A10. School Type:  Public  Private

**FOR SENIOR HIGH SCHOOL ONLY:**  
 A14. Semester (1<sup>st</sup>/2<sup>nd</sup>): \_\_\_\_\_ A15. Track: \_\_\_\_\_ A16. Strand (if any): \_\_\_\_\_

## B. STUDENT INFORMATION

B1. PSA Birth Certificate No. (if available upon enrolment)  B2. Learner Reference Number (LRN)

B3. LAST NAME

B4. FIRST NAME

B5. MIDDLE NAME

B6. EXTENSION NAME e.g. Jr., III (if applicable) \_\_\_\_\_

B7. Date of Birth (Month/Day/Year)  /  /

B8. Age  B9. Sex  Male  Female

B10. Belonging to Indigenous Peoples Community/Indigenous Cultural Community (IP)  Yes  No

B11. If yes, please specify: \_\_\_\_\_

B12. Mother Tongue: \_\_\_\_\_

B13. Religion: \_\_\_\_\_

B18. Email Address: \_\_\_\_\_

### For Learners with Special Education Needs

B14. Does the learner have special education needs? (i.e. physical, mental, social disability, medical condition, giftedness, among others)  
 Yes  No

B15. If yes, please specify: \_\_\_\_\_

B16. Do you have any assistive technology devices available at home? (i.e. screen reader, Braille, DAISY)  
 Yes  No

B17. If yes, please specify: \_\_\_\_\_

## ADDRESS

B19. House Number and Street \_\_\_\_\_ B20. Subdivision/ Village/ Zone \_\_\_\_\_

B21. Barangay \_\_\_\_\_

B22. City/ Municipality \_\_\_\_\_ B23. Province \_\_\_\_\_

B24. Region \_\_\_\_\_

## C. PARENT/ GUARDIAN INFORMATION

Father	Mother	Guardian
C1. Full Name (last name, first name, middle name) _____  C2. Highest Educational Attainment <input type="checkbox"/> No Formal Schooling <input type="checkbox"/> No Formal Schooling but able to read and write <input type="checkbox"/> Elementary level <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> High School Level <input type="checkbox"/> High School Graduate <input type="checkbox"/> After High School Education (College / Post Grad) or Technical/Vocational	C4. Full Maiden Name (last name, first name, middle name) _____  C5. Highest Educational Attainment <input type="checkbox"/> No Formal Schooling <input type="checkbox"/> No Formal Schooling but able to read and write <input type="checkbox"/> Elementary level <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> High School Level <input type="checkbox"/> High School Graduate <input type="checkbox"/> After High School Education (College / Post Grad) or Technical/Vocational	C7. Full Name (last name, first name, middle name) _____  C8. Highest Educational Attainment <input type="checkbox"/> No Formal Schooling <input type="checkbox"/> No Formal Schooling but able to read and write <input type="checkbox"/> Elementary level <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> High School Level <input type="checkbox"/> High School Graduate <input type="checkbox"/> After High School Education (College / Post Grad) or Technical/Vocational

Yes       No

C10. Is your family a beneficiary of 4Ps?

**D. HOUSEHOLD CAPACITY AND ACCESS TO DISTANCE LEARNING**

D1. How many of your household members (including the enrollee) are studying in School Year 2021-2022? Please specify each.

Kinder	Grade 4 _____	Grade 8	Grade 12
Grade 1	Grade 5 _____	Grade 9	Others _____
Grade 2	Grade 6 _____	Grade 10	(ie college, vocational, etc)
Grade 3	Grade 7 _____	Grade 11 _____	

D2. Who among the household members can provide instructional support to the child's distance learning? Choose all that applies.

<input type="checkbox"/> parents/ guardians	<input type="checkbox"/> others (tutor, house helper)
<input type="checkbox"/> elder siblings	<input type="checkbox"/> none
<input type="checkbox"/> grandparents	<input type="checkbox"/> able to do independent learning
<input type="checkbox"/> extended members of the family	

D3. What devices are available at home that the learner can use for learning? Check all that applies.

<input type="checkbox"/> cable TV	<input type="checkbox"/> radio
<input type="checkbox"/> non-cable TV	<input type="checkbox"/> desktop computer
<input type="checkbox"/> basic cellphone	<input type="checkbox"/> laptop
<input type="checkbox"/> Smartphone	<input type="checkbox"/> none
<input type="checkbox"/> Tablet	<input type="checkbox"/> others: _____

D4. Is there an internet signal in your area?

Yes  
 No  
 (If NO, proceed to D6)

D5. How do you connect to the internet? Choose all that applies.

own mobile data  
 own broadband internet (DSL, wireless fiber, satellite)  
 computer shop  
 other places outside the home with internet connection (library, barangay/ municipal hall, neighbor, relatives)  
 None

D6. What distance learning modality/ies do you prefer for your child? Choose all that applies.

<input type="checkbox"/> online learning	<input type="checkbox"/> modular learning
<input type="checkbox"/> Television	<input type="checkbox"/> combination of face to face with other modalities
<input type="checkbox"/> Radio	<input type="checkbox"/> others: _____

D7. What are the challenges that may affect your child's learning process through distance education? Choose all that applies.

<input type="checkbox"/> lack of available gadgets/ equipment	<input type="checkbox"/> conflict with other activities (i.e., house chores)
<input type="checkbox"/> insufficient load/ data allowance	<input type="checkbox"/> high electrical consumption
<input type="checkbox"/> unstable mobile/ internet connection	<input type="checkbox"/> distractions (i.e., social media, noise from community/neighbor)
<input type="checkbox"/> existing health condition/s	<input type="checkbox"/> others: _____
<input type="checkbox"/> difficulty in independent learning	

**E. LIMITED FACE TO FACE**

E1. In case limited face to face classes will be allowed, are you willing to allow your child/ children to participate?

Yes       No

E.2 If the answer is no , please select only 1 major consideration or state specific reason

<input type="checkbox"/> Fear of Getting Infected of Corona Virus	<input type="checkbox"/> Limited or no available transportation from home to school and vice versa	<input type="checkbox"/> Existing illness or health related concerns	<input type="checkbox"/> Helping in household chores
<input type="checkbox"/> Helping in family business or working	<input type="checkbox"/> Presence of Arm Conflict in the area	<input type="checkbox"/> other (pls. specify) _____	

I hereby certify that the above information given are true and correct to 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 Accomplished

For questions/clarifications, kindly contact the school through the following:

Telephone/Mobile Number: \_\_\_\_\_

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

For use of DepEd Personnel Only. To be filled up by the Class Adviser.

\* DATE OF OFFICIAL ENROLLMENT  
(Month/Day/Year)

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Grade Level

Track (for SHS)

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- *Date of confirmation of enrollment or started participation in any learning activities after September 12, 2021*

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