



Republic of the Philippines
Department of Education
REGION VII – CENTRAL VISAYAS
SCHOOLS DIVISION OF NEGROS ORIENTAL
<DISTRICT – NAME OF SCHOOL>

LEARNER'S PROFILE

NAME OF LEARNER:

(LAST NAME)

(FIRST NAME)

(MIDDLE NAME)

BIRTHDATE: _____ **AGE:** _____ (As of 1st Friday of June)
(MM/DD/YYYY)

MOTHER TONGUE/NATIVE LANGUAGE: _____ **RELIGION:** _____

ADDRESS:

HOUSE NO. (BLK., LOT): _____

STREET: _____

SITIO/PUROK/SUBDIVISION: _____

BARANGAY: _____

MUNICIPALITY: _____

PROVINCE: _____

PARENTS/GUARDIAN INFORMATION:

FATHER: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

OCCUPATION: _____

MOTHER: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

OCCUPATION: _____

GUARDIAN: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

RELATIONSHIP: _____

CONTACT NUMBER OF PARENT OR GUARDIAN: _____

(SIGNATURE OF PARENT/GUARDIAN OVER PRINTED NAME)

CLASS ADVISER / GRADE II - MATATAG