

**STUDENT DIRECTORY FOR DepEd SCHOOL FORM 1 (SF1) SCHOOL REGISTER
ACADEMIC YEAR 2023-2024**

Welcome Perpetualites! All data generated from this form shall be used primarily for educational purposes and for reporting to concerned educational government agencies only following Republic Act Number 10173 or the Data Privacy Act of 2012 in terms of storage, usage, and disposal.

Full Name								ID PHOTO <i>Latest Formal</i>
Last Name								
First Name								
Middle Name								
Contact Number					E-mail Address			
Grade Level-Strand-Section					LRN			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	____/____/____ Month / Date / Year	Birthplace			Age	
Mother Tongue	<input type="checkbox"/> Tagalog <input type="checkbox"/> Kapampangan <input type="checkbox"/> Pangasinense <input type="checkbox"/> Ilocano <input type="checkbox"/> Bicolano <input type="checkbox"/> Cebuano <input type="checkbox"/> Ilonggo <input type="checkbox"/> Waray <input type="checkbox"/> Others: _____							
Ethnic Group	<input type="checkbox"/> Tagalog <input type="checkbox"/> Kapampangan <input type="checkbox"/> Ilocano <input type="checkbox"/> Bicolano <input type="checkbox"/> Cebuano <input type="checkbox"/> Ilonggo <input type="checkbox"/> Waray <input type="checkbox"/> Tausog <input type="checkbox"/> Maranao <input type="checkbox"/> Maguindanao <input type="checkbox"/> Others: _____							
Religion	<input type="checkbox"/> Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Baptist <input type="checkbox"/> Islam <input type="checkbox"/> Iglesia ni Kristo <input type="checkbox"/> Aglipayan <input type="checkbox"/> Seventh-day Adventist <input type="checkbox"/> Others: _____							
Complete Address (with Barangay, Municipality, and Zip Code)						Province		
Father's Full Name	_____					Contact Number		
	Last Name, First Name, Middle Name							
Mother's Full Maiden Name	_____					Contact Number		
	Last Name, First Name, Middle Name							
Guardian's Full Name and Relationship (if not parent)	_____					Contact Number		
	Last Name, First Name, Middle Name – Relationship							
Student Classification	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Transferee <input type="checkbox"/> Probationary							
Are you a paying/no voucher student?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if No, please answer DepEd Voucher Category)							
DepEd Voucher Category	<input type="checkbox"/> Public School Grade 10 Completer (Automatic Voucher Grantee)							ESC Student ID Number
	<input type="checkbox"/> Private School Grade 10 Completer (Education Service Contracting [ESC] Program Grantee)							
	<input type="checkbox"/> Private School Grade 10 Completer (Non-Education Service Contracting [Non-ESC] Program Grantee but applied and qualified for the voucher program)							QVR Number
	<input type="checkbox"/> Alternative Learning System (ALS)							QVR Number
Previous School Attended (Grade 10)			Year Completed Junior High School			Location		
Vaccination Dates	1 st Dose: _____		2 nd Dose: _____		Booster Shot: _____			

I hereby certify that all information contained herein is true and correct to the best of my knowledge and belief.

STUDENT'S SIGNATURE OVER PRINTED NAME

DATE