



School Year -

Grade level to Enroll:

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. (LRN)	
Last Name	Birthdate (mm/dd/yyyy)	Place of Birth (Municipality/City)	
First Name	Age	Mother Tongue	
Middle Name			
Extension Name e.g. Jr., III (if applicable)			
Current Address			
House No./Street	Street Name	Barangay	
Municipality/City	Province	Country	Zip Code
Permanent Address <i>Same with your Current Address?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
House No./Street	Street Name	Barangay	
Municipality/City	Province	Country 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
Guardian's Name			
Last Name	First Name	Middle Name	Contact Number
<i>For Returning Learner (Balik-Aral) and Those Who will Transfer/Move In</i>			
Last Grade Level Completed		Last School Year Completed	
Last School Attended		School ID	
For Learners in Senior High School			

Check the appropriate box only

Preferred Distance Learning Modality/ies			
HLRN? <input type="checkbox"/> W <input type="checkbox"/>	<i>Choose all that applies.</i>		
	<input type="checkbox"/> Modular (Print)	<input type="checkbox"/> Online	<input type="checkbox"/> Radio-Based Instruction
<input type="checkbox"/> Modular (Digital)	<input type="checkbox"/> Educational Television	<input type="checkbox"/> Homeschooling	<input type="checkbox"/> Face to Face
<i>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.</i>			
Signature Over Printed Name of Parent/Guardian			Date

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Is your family a beneficiary of 4Ps?
 Yes
 No

If Yes, write the 4Ps Household ID Number below

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Semester 1st

