

## 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 IN	FORMATION	<u></u>	
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	e)		
B7. Date of Birth	For L	Learners with Special Educa	ntion Needs
(Month/Day/Year)			I education needs? (i.e. physical, ondition, giftedness, among others)
B8. Age B9. Sex Ma	ale Female	Yes No No If yes, please specify:	, ,
B10. Belonging to Indigenous People Community/Indigenous Cultural Community B11. If yes, please specify:	s (IP) Yes No B16.	Do you have any assistive tede? (i.e. screen reader, Braille,	chnology devices available at
B12. Mother Tongue:		Yes No If yes, please specify:	- /
B13. Religion:B18. Email Address:		i yes, piease specify.	
Dio. Ellian Addiess.			
ADDRESS B19. House Number and Street	B20. Subdivision/ Village/ Zone		
B21. Barangay			
B22. City/ Municipality	B23.Province		
B24.Region			
C. PARENT/ GUARDIAN INFORMATI	ON		
Father C1. Full Name (last name, first name, middle name)	Mother  C4. Full Maiden Name (last name, first name, middle	name) C7. Full Name (last name)	Guardian me, first name, middle name)
C2. Highest Educational Attainment  No Formal Schooling  No Formal Schooling but able to read and write  Elementary level  Elementary Graduate  High School Level  High School Graduate  After High School Education (College / Post Grad) or Technical/Vocational	C5. Highest Educational Attainment No Formal Schooling No Formal Schooling but able read and write Elementary level Elementary Graduate High School Level High School Graduate After High School Educat (College / Post Grad) Technical/Vocational	No Formal No Formal read and v Elementar Elementar High Scho High Scho After Hig	y level y Graduate ool Level ool Graduate gh School Education / Post Grad) or

C3. Contact number/s (cellphone/ telephone)/Email Address	C6. Contact number/s (cellphone/ telephone) //Email Address	C9. Contact number/s (cellphone/ telephone) J/Email Address
Yes No C10. Is your family a beneficiary of 4Ps?  D. HOUSEHOLD CAPACITY AND AC	CCESS TO DISTANCE LEARNING	
D1. How many of your household members (ir studying in School Year 2021-2022? Please specific studying in Sc	support to the check of the support to the suppor	none none
learner can use for learning? Check all that apple cable TV radio desktop computer basic cellphone Smartphone none Tablet others:	Yes No (If NO, proceed to D7)	lies. 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 yo for your child? Choose all that applies.  online learning modular learning combination of face to with other modalities others:	education? Choose all that applies	conflict with other activities (i.e., house chores) high electrical consumption distractions (i.e., social media, noise from community/neighbor) others:
E. LIMITED FACE TO FACE  E1. In case limited face to face classes participate?  Yes  No  E.2 If the answer is no , please select		
Fear of Getting Infected of trans	Existing related content of the cont	g Illness or health Helping in household ncerns chores
Helping in family business or working	Presence of Arm Conflict in the area	other (pls. specify)
	reate and/or update his/her learner profil	the best of my knowledge and I allow the Departmer le in the Learner Information System. The informatio 012.
Signature Over Printe	ed Name of Parent/Guardian	Date Accomplished
For questions/clarifications, kindly contact 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)			/		1			
Grade Level	Track (for SHS)							
		_						

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

