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: _____

A5. Last grade level completed: _____

A6. Last school year completed: _____

A7. Last School Attended: _____ A8. School ID: _____

A9. School Address: _____

A10. School Type: ☐ Public ☐ Private

A11. School to enroll in: _____ A12. School ID: _____

A13. School Address: _____

FOR SENIOR HIGH SCHOOL ONLY:

A14. Semester (1st/2nd): _____ 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 (IP) Community/Indigenous Cultural Community ☐ 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)	C4. Full Maiden Name (last name, first name, middle name)	C7. Full Name (last name, first name, middle name)
C2. Highest Educational Attainment	C5. Highest Educational Attainment	C8. Highest Educational Attainment
☐ No Formal Schooling	☐ No Formal Schooling	☐ No Formal Schooling
☐ No Formal Schooling but able to read and write	☐ No Formal Schooling but able to read and write	☐ No Formal Schooling but able to read and write
☐ Elementary level	☐ Elementary level	☐ Elementary level
☐ Elementary Graduate	☐ Elementary Graduate	☐ Elementary Graduate
☐ High School Level	☐ High School Level	☐ High School Level
☐ High School Graduate	☐ High School Graduate	☐ High School Graduate
☐ After High School Education (College / Post Grad) or Technical/Vocational	☐ After High School Education (College / Post Grad) or Technical/Vocational	☐ After High School Education (College / Post Grad) or Technical/Vocational

C3. Contact number/s (cellphone/ telephone)/Email Address	C6. Contact number/s (cellphone/ telephone))/Email Address	C9. Contact number/s (cellphone/ telephone))/Email Address

☐ 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.

- ☐ parents/ guardians
- ☐ elder siblings
- ☐ grandparents
- ☐ extended members of the family
- ☐ others (tutor, house helper)
- ☐ none
- ☐ able to do independent learning

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

- ☐ cable TV
- ☐ non-cable TV
- ☐ basic cellphone
- ☐ Smartphone
- ☐ Tablet
- ☐ radio
- ☐ desktop computer
- ☐ laptop
- ☐ none
- ☐ 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.

- ☐ online learning
- ☐ Television
- ☐ Radio
- ☐ modular learning
- ☐ combination of face to face with other modalities
- ☐ others: _____

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

- ☐ lack of available gadgets/ equipment
- ☐ insufficient load/ data allowance
- ☐ unstable mobile/ internet connection
- ☐ existing health condition/s
- ☐ difficulty in independent learning
- ☐ 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 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

☐ Existing Illness or health related concerns

☐ Helping in household chores

☐ Fear of Getting Infected of Corona Virus

☐ Limited or no available transportation from home to school and vice versa

☐ Helping in family business or working

☐ Presence of Arm Conflict in the area

☐ 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) ☐☐ / ☐☐ / ☐☐☐☐

Grade Level _____ Track (for SHS) _____

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