



Department of Education
ALTERNATIVE LEARNING SYSTEM
MODIFIED ALS ENROLMENT FORM (AF2)
Learner's Basic Profile



Date : _____ LRN (if available) : _____

Personal Information (Part I)

Last Name	First Name	Middle Name	Name Extension
• Address: _____			
House No./Street/Sito	Barangay	Municipality/City	Province
• Birthdate (mm/dd/yyyy): ____/____/____ Place of Birth (Municipality/City) _____			
• Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female • Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Separated <input type="checkbox"/> Solo Parent			
• Religion: _____ • IP (Specify ethnic group) : _____ • Mother Tongue : _____			PWD: <input type="checkbox"/> Yes <input type="checkbox"/> No
• Contact Number/s: _____			4Ps <input type="checkbox"/> Yes <input type="checkbox"/> No
• Name of Father/Legal Guardian			
Last Name	First Name	Middle Name	Occupation
• Mother's Maiden Name			
Last Name	First Name	Middle Name	Occupation

Educational information (Part II)

• Last grade level completed			
Elementary :	<input type="checkbox"/> K	<input type="checkbox"/> G-1	<input type="checkbox"/> G-2
	<input type="checkbox"/> G-3	<input type="checkbox"/> G-4	<input type="checkbox"/> G-5
	<input type="checkbox"/> G-6	<input type="checkbox"/> G-7	<input type="checkbox"/> G-8
	<input type="checkbox"/> G-9	<input type="checkbox"/> G-10	
Junior High School :	<input type="checkbox"/> G-7	<input type="checkbox"/> G-8	<input type="checkbox"/> G-9
Senior High School :	<input type="checkbox"/> G-11		
• Why did you drop out of school? (For OSY only)			
<input type="checkbox"/> No school in Barangay		<input type="checkbox"/> School too far from home	<input type="checkbox"/> Needed to help family
<input type="checkbox"/> Unable to pay for miscellaneous and other expenses		Others: _____	
• Have you attended ALS learning sessions before? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If Yes:			
Name of the Program: _____	Level of Literacy: <input type="checkbox"/> Basic <input type="checkbox"/> Elem.	<input type="checkbox"/> JHS <input type="checkbox"/> SHS	<input type="checkbox"/> Infed
Year Attended: _____	Have you completed the Program? (Yes/No) _____		
If NO, state the reason:			
• What learning Modality/ies do you prefer? Choose all that applies. <input type="checkbox"/> Online <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Modular Learning			
<input type="checkbox"/> Combination of face to face with other modalities <input type="checkbox"/> Others:			

Accessibility and Availability (Part III)

• How far is it from your home to your Learning Center? _____ in kms _____ in hours and mins.							
• How do you get from your home to your Learning Center? <input type="checkbox"/> Walking <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Others (Pls. Specify) _____							
• When can you attend your Learning Session?							
What specific time can you be at your Learning Center?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

ALS Teacher/Community ALS Implementor/Learning Facilitator: Signature and Date

Learner: Signature and Date

