**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.

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| 1. **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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 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 |

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| **FOR SENIOR HIGH SCHOOL ONLY:**A14. Semester (1st/2nd): A15. Track: A16. Strand (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **B. STUDENT INFORMATION** |
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| B1. PSA Birth Certificate No. (if available upon enrolment) |  |  B2. Learner Reference Number (LRN) |  |  |  |  |  |  |  |  |  |  |  |  |

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| B3. LAST NAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |
| B4. FIRST NAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |
| B5. MIDDLE NAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |
| B6. EXTENSION NAME e.g. Jr., III (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **For Learners with Special Education Needs** |
| B14. Does the learner have special education needs? (i.e. physical, mental, developmental disability, medical condition, giftedness, among others)

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| --- | --- | --- | --- |
|  | 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: |

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| **ADDRESS** |
| B18. House Number and Street B19. Subdivision/ Village/ Zone B20. Barangay  |
| B21. City/ Municipality B22.Province B23.Region  |

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| **C. PARENT/ GUARDIAN INFORMATION** |
| **Father** | **Mother** | **Guardian** |
| C1. Full Name (last name, first name, middle name) | C6. Full Maiden Name (last name, first name, middle name) | C11. Full Name (last name, first name, middle name) |
| C2. Highest Educational Attainment

|  |  |
| --- | --- |
|  | Elementary graduate |
|  | High School graduate |
|  | College graduate |
|  | Vocational |
|  | Master’s/Doctorate degree |
|  | Did not attend school |
|  | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |

 | C7. Highest Educational Attainment

|  |  |
| --- | --- |
|  | Elementary graduate |
|  | High School graduate |
|  | College graduate |
|  | Vocational |
|  | Master’s/Doctorate degree |
|  | Did not attend school |
|  | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 | C12. Highest Educational Attainment

|  |  |
| --- | --- |
|  | Elementary graduate |
|  | High School graduate |
|  | College graduate |
|  | Vocational |
|  | Master’s/Doctorate degree |
|  | Did not attend school |
|  | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| C3. Employment Status

|  |  |
| --- | --- |
|  | Full time |
|  | Part time |
|  | Self-employed (i.e. family business) |
|  | Unemployed due to community quarantine |
|  | Not working |

 | C8. Employment Status

|  |  |
| --- | --- |
|  | Full time |
|  | Part time |
|  | Self-employed (i.e. family business) |
|  | Unemployed due to community quarantine |
|  | Not working |

 | C13. Employment Status

|  |  |
| --- | --- |
|  | Full time |
|  | Part time |
|  | Self-employed (i.e. family business) |
|  | Unemployed due to community quarantine |
|  | Not working |

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| C4. Working from home due to community quarantine?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

 | C9. Working from home due to community quarantine?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

 | C14. Working from home due to community quarantine?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

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| C5. Contact number/s (cellphone/ telephone) | C10. Contact number/s (cellphone/ telephone) | C15. Contact number/s (cellphone/ telephone) |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

 C16. Is your family a beneficiary of 4Ps?

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| **D. HOUSEHOLD CAPACITY AND ACCESS TO DISTANCE LEARNING** |
| D1. How does your child go to school? Choose all that applies. |
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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | walking |  | public commute (land/ water) |  | family-owned vehicle |  | school service |

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|  |
| D2. How many of your household members (including the enrollee) are studying in School Year 2020-2021? Please specify each. | D3. Who among the household members can provide instructional support to the child’s distance learning? Choose all that applies. |
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| --- | --- | --- | --- |
| Kinder \_\_\_\_\_\_\_ | Grade 4 \_\_\_\_\_\_ | Grade 8 \_\_\_\_\_\_ | Grade 12 \_\_\_\_\_\_ |
| Grade 1 \_\_\_\_\_\_\_ | Grade 5 \_\_\_\_\_\_ | Grade 9 \_\_\_\_\_\_ | *Others (ie college, vocational, etc) \_\_\_\_\_\_\_* |
| Grade 2 \_\_\_\_\_\_\_ | Grade 6 \_\_\_\_\_\_ | Grade 10 \_\_\_\_\_\_ |  |
| Grade 3 \_\_\_\_\_\_\_ | Grade 7 \_\_\_\_\_\_ | Grade 11 \_\_\_\_\_\_ |  |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| D4. What devices are available at home that the learner can use for learning? Check all that applies.

|  |  |  |  |
| --- | --- | --- | --- |
|  | cable TV |  | radio |
|  | non-cable TV |  | desktop computer |
|  | basic cellphone |  | laptop |
|  | smartphone |  | none |
|  | tablet |  | others: \_\_\_\_\_\_\_\_\_\_ |

 | D5. Do you have a way to connect to the internet?

|  |  |  |
| --- | --- | --- |
|  | Yes  |  |
|  | No(If NO, proceed to D7) |  |

 | D6. 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 |
|  |  |

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| --- | --- |
| D7. What distance learning modality/ies do you prefer for your child? Choose all that applies. | D8. What are the challenges that may affect your child’s learning process through distance education? Choose all that applies. |
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| --- | --- | --- | --- |
|  | online learning |  | modular learning |
|  | television |  | combination of face to face with other modalities |
|  | radio |  | others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  | lack of available gadgets/ equipment |  | conflict with other activities (i.e., house chores) |
|   | insufficient load/ data allowance |  | No or lack of available space for studying |
|  | unstable mobile/ internet connection |  | distractions (i.e., social media, noise from community/neighbor)others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | existing health condition/s |  |
|  | difficulty in independent learning |  |  |
|  |  |  |  |

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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.

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| --- | --- | --- |
|  |  |  |
| Signature Over Printed Name of Parent/Guardian |  | Date |

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| --- |
| For use of School Personnel Only. To be filled up by the Class Adviser. |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE OF FIRST ATTENDANCE(Month/Day/Year) |  |  | / |  |  | / |  |  |  |  |
|  |
| Grade Level |  | Track (for SHS) |  |