



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: _____ 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 (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: _____

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)
 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

B18. House Number and Street _____ B19. Subdivision/ Village/ Zone _____ B20. Barangay _____

B21. City/ Municipality _____ B22. Province _____ B23. Region _____

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 <input type="checkbox"/> Elementary graduate <input type="checkbox"/> High School graduate <input type="checkbox"/> College graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Master's/Doctorate degree <input type="checkbox"/> Did not attend school <input type="checkbox"/> Others: _____	C7. Highest Educational Attainment <input type="checkbox"/> Elementary graduate <input type="checkbox"/> High School graduate <input type="checkbox"/> College graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Master's/Doctorate degree <input type="checkbox"/> Did not attend school <input type="checkbox"/> Others: _____	C12. Highest Educational Attainment <input type="checkbox"/> Elementary graduate <input type="checkbox"/> High School graduate <input type="checkbox"/> College graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Master's/Doctorate degree <input type="checkbox"/> Did not attend school <input type="checkbox"/> Others: _____
C3. Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed (i.e. family business) <input type="checkbox"/> Unemployed due to community quarantine <input type="checkbox"/> Not working	C8. Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed (i.e. family business) <input type="checkbox"/> Unemployed due to community quarantine <input type="checkbox"/> Not working	C13. Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed (i.e. family business) <input type="checkbox"/> Unemployed due to community quarantine <input type="checkbox"/> Not working
C4. Working from home due to community quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No	C9. Working from home due to community quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No	C14. Working from home due to community quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No
C5. Contact number/s (cellphone/ telephone) _____	C10. Contact number/s (cellphone/ telephone) _____	C15. Contact number/s (cellphone/ telephone) _____
C16. Is your family a beneficiary of 4Ps? <input type="checkbox"/> Yes <input type="checkbox"/> No		

D. HOUSEHOLD CAPACITY AND ACCESS TO DISTANCE LEARNING

D1. How does your child go to school? Choose all that applies.

- walking
 public commute (land/ water)
 family-owned vehicle
 school service

D2. How many of your household members (including the enrollee) are studying in School Year 2020-2021? Please specify each.

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	

D3. Who among the household members can provide instructional support to the child's distance learning? Choose all that applies.

<input type="checkbox"/> parents/ guardians	<input type="checkbox"/> others (tutor, house helper)
<input type="checkbox"/> elder siblings	<input type="checkbox"/> none
<input type="checkbox"/> grandparents	<input type="checkbox"/> able to do independent learning
<input type="checkbox"/> extended members of the family	

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

<input type="checkbox"/> cable TV	<input type="checkbox"/> radio
<input type="checkbox"/> non-cable TV	<input type="checkbox"/> desktop computer
<input type="checkbox"/> basic cellphone	<input type="checkbox"/> laptop
<input type="checkbox"/> smartphone	<input type="checkbox"/> none
<input type="checkbox"/> tablet	<input type="checkbox"/> 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

D7. What distance learning modality/ies do you prefer for your child? Choose all that applies.

<input type="checkbox"/> online learning	<input type="checkbox"/> modular learning
<input type="checkbox"/> television	<input type="checkbox"/> combination of face to face with other modalities
<input type="checkbox"/> radio	<input type="checkbox"/> others: _____

D8. What are the challenges that may affect your child's learning process through distance education? Choose all that applies.

<input type="checkbox"/> lack of available gadgets/ equipment	<input type="checkbox"/> conflict with other activities (i.e., house chores)
<input type="checkbox"/> insufficient load/ data allowance	<input type="checkbox"/> No or lack of available space for studying
<input type="checkbox"/> unstable mobile/ internet connection	<input type="checkbox"/> distractions (i.e., social media, noise from community/neighbor)
<input type="checkbox"/> existing health condition/s	<input type="checkbox"/> others: _____
<input type="checkbox"/> difficulty in independent learning	

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

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) _____