



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: PANGHULO NHS A12. School ID: 305450

A5. Last grade level completed: _____ A9. School Address: _____ A13. School Address: Bautista St., Panghulo Malabon City

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 enrollment) 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 / /

B8. Age B9. Sex Male Female

B10. Belonging to Indigenous Peoples (IP) 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?
 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. Barangay _____

B20. City/ Municipality _____ B21. Province _____ B22. Region _____

C. PARENT/ GUARDIAN INFORMATION

Father	Mother	Guardian
C1. Full Name (surname, full name, middle name)	C7. Full Maiden Name (surname, full name, middle name)	C13. Full Name (surname, full 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	C8. 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	C14. 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
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 ECQ <input type="checkbox"/> Not working	C9. 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 ECQ <input type="checkbox"/> Not working	C15. 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 ECQ <input type="checkbox"/> Not working
C4. Working from home due to ECQ? <input type="checkbox"/> Yes <input type="checkbox"/> No	C10. Working from home due to ECQ? <input type="checkbox"/> Yes <input type="checkbox"/> No	C16. Working from home due to ECQ? <input type="checkbox"/> Yes <input type="checkbox"/> No
C5. Contact number/s (cellphone/ telephone)	C11. Contact number/s (cellphone/ telephone)	C17. Contact number/s (cellphone/ telephone)



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 _____
 Grade 2 _____ Grade 6 _____ Grade 10 _____ (ie college, vocational,
 Grade 3 _____ Grade 7 _____ Grade 11 _____ etc)

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

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

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

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

- online learning
 modular learning
 television
 combination of face to face
 radio
 with other modalities
 others: _____

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

- lack of available gadgets/equipment
 conflict with other activities (i.e., house chores)
 insufficient load/ data allowance
 high electrical consumption
 unstable mobile/ internet connection
 distractions (i.e., social media, noise from
 existing health condition/s
 community/neighbor)
 difficulty in independent learning
 others: _____

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 DepEd Personnel Only. To be filled up by the Class Adviser.

DATE OF FIRST ATTENDANCE
(Month/Day/Year)

/ /

Grade Level _____

Track (for SHS) _____



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