 **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.

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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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| B4. FIRST NAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| B5. MIDDLE NAME |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_B18. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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)

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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** |
| B19. House Number and Street B20. Subdivision/ Village/ Zone B21. Barangay  |
| B22. City/ Municipality B23.Province B24.Region  |

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| **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

|  |  |
| --- | --- |
|  | No Formal Schooling |
|  | No Formal Schooling but able to read and write |
|  | Elementary level |
|  | Elementary Graduate |
|  | High School Level |
|  | High School Graduate |
|  | After High School Education (College / Post Grad) or Technical/Vocational  |
|  |  |

 | C5. Highest Educational Attainment

|  |  |
| --- | --- |
|  | No Formal Schooling |
|  | No Formal Schooling but able to read and write |
|  | Elementary level |
|  | Elementary Graduate |
|  | High School Level |
|  | High School Graduate |
|  | After High School Education (College / Post Grad) or Technical/Vocational |

 | C8. Highest Educational Attainment

|  |  |
| --- | --- |
|  | No Formal Schooling |
|  | No Formal Schooling but able to read and write |
|  | Elementary level |
|  | Elementary Graduate |
|  | High School Level |
|  | High School Graduate |
|  | After High School Education (College / Post Grad) or Technical/Vocational |

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| 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?

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| **D. HOUSEHOLD CAPACITY AND ACCESS TO DISTANCE LEARNING** |
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| D1. How many of your household members (including the enrollee) are studying in School Year 2021-2022? Please specify each. | D2. 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 \_\_\_\_\_\_\_* |
| Grade 2 \_\_\_\_\_\_\_ | Grade 6 \_\_\_\_\_\_ | Grade 10 \_\_\_\_\_\_ | *(ie college, vocational, etc)* |
| 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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| D3. What devices are available at home that the learner can use for learning? Check all that applies.

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

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| --- | --- |
|  | 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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| D6. What distance learning modality/ies do you prefer for your child? Choose all that applies. | D7. 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 |  | high electrical consumption |
|  | 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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| **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 |  |

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| E.2 If the answer is no , please select only 1 major consideration or state specific reason |
|  |  Fear of Getting Infected of Corona Virus | Limited or no available transportation from home to school and vice versa |  Existing Illness or health related concerns |  Helping in household chores |  | Presence of Arm Conflict in the area | Other Reason, if any |

 Helping in family business Presence of Arm Conflict other (pls. specify)

 or working in the area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Accomplished |

*For questions/clarifications, kindly contact the school through the following:*

Telephone/Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \* 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*