

ANNEX 1

**MODIFIED BASIC EDUCATION ENROLLMENT FORM**

THIS FORM IS NOT FOR SALE.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | | | | | | | | | | | | | | | | *Check the appropriate box only:* | | | | | | | | | | | |
| School Year: |  |  |  | |  | | | - | | |  |  | |  | | |  | |  | | | |  | | No LRN | |  | With LRN | | | |
|  |  |  | |  | | |  | |  | | | |  | |  | | |  | |  |  | | |  | |  | | |  | |  | |  |
| Grade level to Enroll: |  |  |  | | |  | | | |  | | | | | |  | | | | | |  |  | | Returning (Balik-Aral) | | | | |

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| **INSTRUCTIONS:** | *Print legibly all information required in CAPITAL letters. Submit accomplished form to the Person-in-Charge/Registrar/Class Adviser. Use black or blue pen only.* |

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| **STUDENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PSA Birth Certificate No. (if available upon registration) | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |
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| Learner Reference No. (LRN) | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  |  | | | | | | | | | | | |
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| LAST NAME |  |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  |  | | |  |  |  |  |  |  |
|  |  |
| FIRST NAME |  |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  |  | | |  |  |  |  |  |  |
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| MIDDLE NAME |  |  |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | | |  |  | | |  |  |  |  |  |  |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |
| EXTENSION NAME e.g. Jr., III (if applicable) | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | |

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| DATE OF BIRTH (Month/Day/Year) |  |  | / |  |  | / | |  | |  |  | |  | | SEX | | |  | MALE |  | | FEMALE | | |  | AGE | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community? | | | | | | |  | | No | | |  | | Yes | | If Yes, please specify: | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Mother Tongue |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| House Number and Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Barangay | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City/Municipality/Province/Country | | | | | | | | | | | | | | | | | | | | | Zip Code | | |  | | |  |  | |  |

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| **PARENT’S/GUARDIAN’S INFORMATION** | | |
| Father’s Name (Last Name, First Name, Middle Name) |  | Mother’s Maiden Name (Last Name, First Name, Middle Name) | |
| Guardian’s Name (Last Name, First Name, Middle Name) |  |  | |

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| Telephone No. |  | Cellphone No. |  |

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| **For Returning Learners (Balik-Aral) and Those Who Shall Transfer/Move In** | | | | | | |
|  | | | | | | |
| Last Grade Level Completed | |  | Last School Year Completed | | |  |
|  | | | | | |  |
| School Name |  | | | School ID | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | |
| School Address |  | | | | | |

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| **For Learners in Senior High School** | | | | | | |
| Semester | |  | 1st Sem |  | 2nd Sem | |
|  | | | | | | |
| Track |  | | | | Strand (if any) |  |

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|  |  | |  | | **Preferred Distance Learning Modality/ies** | | | | | | | | |
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|  | | Modular (Print) | | | |  | Online |  | | Radio-based instruction | |  | Blended | |  | | | |  | | | |  |  |
|  | |  | | | |  |  |  | |  | | | | | |  | | | | Homeschooling | | | | |
|  | | Modular (Digital) | | | |  | Educational TV |  | | Homeschooling | | | | | | |  | | | |

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 |