**ANNEX 2**

**AF2**

Republic of the Philippines Department of Education ALTERNATIVE LEARNING SYSTEM MODIFIED ALS ENROLLMENT FORM

(AF2) Learner's Basic Profile

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| **Birthdate (mm/dd/yyyy)** |
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| **Last grade level completed *(Check only if applicable)*** |
| **Elementary** | **Junior High School** | **Senior High School** |
| * **Kinder □ Grade 1 □ Grade 3 □ Grade 5**

**□ Grade 2 □ Grade 4 □ Grade 6** | **□ Grade 7 □ Grade 9****□ Grade 8 □ Grade 10** | * **Grade 11**
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| **Personal Information *(Part I)*** |
| **Last Name First Name Middle Name Name Extension****CURRENT ADDRESS****House No./Street/Sitio Barangay Municipality/City Province****PERMANENT ADDRESS *Same with your Current Address?* □ Yes □ No****House No./Street/Sitio Barangay Municipality/City Province****Sex Place of Birth (Municipality/City) Civil Status****□ Male □ Single □ Separated □ Solo Parent****□ Female □ Married □ Widow/er****Religion IP (Specify ethnic group) : Mother Tongue Contact Number/s****PWD □ Yes □ No****If Yes, specify the type of disability:****□ Autism Spectrum Disorder □ Hearing Impairment □ Learning Disability □ Physical Disability****□ Intellectual Disability □ Visual Impairment □ Multiple Disabilities □ Others*****Is your family a beneficiary of 4Ps?* □ Yes *If Yes, write the 4Ps Household ID Number below*****□ No****Name of Father/Legal Guardian****Last Name First Name Middle Name Occupation****Mother's Maiden Name****Last Name First Name Middle Name Occupation** |
| **Educational information *(Part II)*** |
| **Why did you not attend/complete schooling? *(For OSY only)* Have you attended ALS learning sessions before? □ Yes □ No*** **No school in Barangay If Yes, check the appropriate program:**

**□ School too far from home □ Basic Literacy □ A&E Secondary****□ Needed to help family □ A&E Elementary □ ALS SHS*** **Unable to pay for miscellaneous and other expenses**

**Others: Have you completed the program? □ Yes □ No****If No, state the reason:**   |

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| **What specific time can you be at your Learning Center?** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
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| ***What learning Modality/ies do you prefer? Choose all that apply.**** **Modular (Print) □ Online □ Radio-Based Instruction □ Face to Face**
* **Modular (Digital) □ Educational TV □ Blended**
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| **Accessibility and Availability of CLC *(Part III)*** |
| **How far is it from your home to your Learning Center? *in kms in hours and mins.*** **How do you get from your home to your Learning Center? □ Walking □ Motorcycle □ Bicycle □ Others (Pls. specify)****When can you attend your Learning Session?*****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.*** ***ALS Teacher/Community ALS Implementor/Learning Facilitator: Signature and Date Learner: Signature and Date*** |