**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 | | | | | | | | | | |  | | | | | | | | | |
|  | | |  | | | | | | | | |  | | | | | | | | | | |
| **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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| **ADDRESS** |
| B18. House Number and Street B19. Subdivision/ Village/ Zone B20. Barangay |
| B21. City/ Municipality B22.Province B23.Region |

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| --- | --- | --- |
| **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   |  |  | | --- | --- | |  | Elementary graduate | |  | High School graduate | |  | College graduate | |  | Vocational | |  | Master’s/Doctorate degree | |  | Did not attend school | |  | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  | | C7. Highest Educational Attainment   |  |  | | --- | --- | |  | Elementary graduate | |  | High School graduate | |  | College graduate | |  | Vocational | |  | Master’s/Doctorate degree | |  | Did not attend school | |  | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | C12. Highest Educational Attainment   |  |  | | --- | --- | |  | Elementary graduate | |  | High School graduate | |  | College graduate | |  | Vocational | |  | Master’s/Doctorate degree | |  | Did not attend school | |  | Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| C3. Employment Status   |  |  | | --- | --- | |  | Full time | |  | Part time | |  | Self-employed (i.e. family business) | |  | Unemployed due to community quarantine | |  | Not working | | C8. Employment Status   |  |  | | --- | --- | |  | Full time | |  | Part time | |  | Self-employed (i.e. family business) | |  | Unemployed due to community quarantine | |  | Not working | | C13. Employment Status   |  |  | | --- | --- | |  | Full time | |  | Part time | |  | Self-employed (i.e. family business) | |  | Unemployed due to community quarantine | |  | Not working | |
| C4. Working from home due to community quarantine?   |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | C9. Working from home due to community quarantine?   |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | C14. Working from home due to community quarantine?   |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | |
| C5. Contact number/s (cellphone/ telephone) | C10. Contact number/s (cellphone/ telephone) | C15. Contact number/s (cellphone/ telephone) |

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| --- | --- | --- | --- |
|  | Yes |  | No |

C16. Is your family a beneficiary of 4Ps?

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| **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. | D3. Who among the household members can provide instructional support to the child’s distance learning? Choose all that applies. |
| |  |  |  |  | | --- | --- | --- | --- | | 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 \_\_\_\_\_\_ |  | | |  |  |  |  | | --- | --- | --- | --- | |  | parents/ guardians |  | others (tutor, house helper) | |  | elder siblings |  | none | |  | grandparents |  | able to do independent learning | |  | extended members of the family |  |  | |

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| 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 | |  |  | |  |

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| D7. What distance learning modality/ies do you prefer for your child? Choose all that applies. | D8. What are the challenges that may affect your child’s learning process through distance education? Choose all that applies. |
| |  |  |  |  | | --- | --- | --- | --- | |  | online learning |  | modular learning | |  | television |  | combination of face to face with other modalities | |  | radio |  | others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |  |  |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | lack of available gadgets/ equipment |  | | conflict with other activities (i.e., house chores) | | |  | insufficient load/ data allowance |  | | No or lack of available space for studying | | |  | unstable mobile/ internet connection |  | | distractions (i.e., social media, noise from  community/neighbor)  others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | existing health condition/s |  | | |  | 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.

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|  |  |  |
| Signature Over Printed Name of Parent/Guardian |  | Date |

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

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| DATE OF FIRST ATTENDANCE (Month/Day/Year) | |  |  | | / |  |  | | / |  |  |  |  |
|  | | | | | | | | | | | | | |
| Grade Level |  | | | Track (for SHS) | | | |  | | | | | |