



# 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.

## 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: \_\_\_\_\_ 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 (1<sup>st</sup>/2<sup>nd</sup>): \_\_\_\_\_ A15. Track: \_\_\_\_\_ A16. Strand (if any): \_\_\_\_\_

## B. STUDENT INFORMATION

B1. PSA Birth Certificate No. (if available upon enrolment)  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 (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: \_\_\_\_\_

### 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)  
 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

B19. House Number and Street  B20. Subdivision/ Village/ Zone  B21. Barangay

B22. City/ Municipality  B23. Province  B24. Region

## 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 <input type="checkbox"/> No Formal Schooling <input type="checkbox"/> No Formal Schooling but able to read and write <input type="checkbox"/> Elementary level <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> High School Level <input type="checkbox"/> High School Graduate <input type="checkbox"/> After High School Education (College / Post Grad) or Technical/Vocational	C5. Highest Educational Attainment <input type="checkbox"/> No Formal Schooling <input type="checkbox"/> No Formal Schooling but able to read and write <input type="checkbox"/> Elementary level <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> High School Level <input type="checkbox"/> High School Graduate <input type="checkbox"/> After High School Education (College / Post Grad) or Technical/Vocational	C8. Highest Educational Attainment <input type="checkbox"/> No Formal Schooling <input type="checkbox"/> No Formal Schooling but able to read and write <input type="checkbox"/> Elementary level <input type="checkbox"/> Elementary Graduate <input type="checkbox"/> High School Level <input type="checkbox"/> High School Graduate <input type="checkbox"/> After High School Education (College / Post Grad) or Technical/Vocational
C3. Contact number/s (cellphone/ telephone)/Email Address _____	C6. Contact number/s (cellphone/ telephone) /Email Address _____	C9. Contact number/s (cellphone/ telephone) /Email Address _____

C10. Is your family a beneficiary of  Yes  No 4Ps?

## D. HOUSEHOLD CAPACITY AND ACCESS TO DISTANCE LEARNING

D1. How many of your household members (including the enrollee) are studying in School Year 2021-2022? 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, etc)  
 Grade 3 \_\_\_\_\_  Grade 7 \_\_\_\_\_  Grade 11 \_\_\_\_\_

D2. 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

D3. 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: \_\_\_\_\_

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.

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

D6. What distance learning modality/ies do you prefer for your child? Choose all that applies.

online learning  modular learning Printed  
 Television  Modular Learning Digital  
 Radio  combination of face to face with other modalities  
 others: \_\_\_\_\_

D7. 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 community/neighbor)  
 existing health condition/s  others: \_\_\_\_\_  
 difficulty in independent learning

## 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

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  Helping Family business or working  
 Others, specify \_\_\_\_\_

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 Accomplished

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

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

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

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

\* 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