



**BASIC EDUCATION ENROLLMENT FORM**

THIS FORM IS NOT FOR SALE.

School Year  -   
 Grade level to Enroll:

Check the appropriate box only  
 1. With LRN?  Yes  No  
 2. Returning (Balik-Aral)  Yes  No

**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.

**LEARNER INFORMATION**

PSA Birth Certificate No. (if available upon registration) \_\_\_\_\_ Learner Reference No.

(LRN) Last Name  Birthdate (mm/dd/yyyy)  Place of Birth (Municipality/City)

First Name  Sex  Male  Female Age  Mother Tongue

Middle Name  Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community  Yes  No If Yes, please specify: \_\_\_\_\_

Extension Name e.g. Jr., III (if applicable)  Is your family a beneficiary of 4Ps?  Yes  No

If Yes, write the 4Ps Household ID Number below

Is the child a Learner with Disability?  Yes  No

If Yes, specify the type of disability:

Visual Impairment  Hearing Impairment  Learning Disability  Intellectual Disability  
 a. blind  Autism Spectrum Disorder  Emotional- Behavioral Disorder  Orthopedic/Physical Handicap  
 b. low vision  Speech/Language Disorder  Cerebral Palsy  Special Health Problem/ Chronic Disease  
 Multiple Disorder  a. Cancer

**Current Address**

House No.  Sitio/Street Name  Barangay   
 Municipality/City  Province  Country  Zip Code

**Permanent Address** Same with your Current Address?  Yes  No

House No./Street  Street Name  Barangay   
 Municipality/City  Province  Country  Zip Code

**PARENT'S/GUARDIAN'S INFORMATION**

**Father's Name**  
 Last Name  First Name  Middle Name  Contact Number

**Mother's Maiden Name**  
 Last Name  First Name  Middle Name  Contact Number

**Legal Guardian's Name**  
 Last Name  First Name  Middle Name  Contact Number

**For Returning Learner (Balik-Aral) and Those Who will Transfer/Move In**

Last Grade Level Completed \_\_\_\_\_

Last School Year Completed \_\_\_\_\_

Last School Attended \_\_\_\_\_

School ID

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**For Learners in Senior High School**

Semester  1st  2<sup>nd</sup>

Track \_\_\_\_\_

Strand \_\_\_\_\_

If school will implement other distance learning modalities aside from face-to-face instruction, what would you prefer for your child?

Choose all that apply:

Modular (Print)

Online

Radio-Based Instruction

Blended

Modular (Digital)

Educational Television

Homeschooling

I hereby certify that the above information given are true and correct o 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