



**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

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: \_\_\_\_\_

**For Learners with Special Education Needs**

B14. Does the learner have special education needs?

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**

B18. House Number and Street \_\_\_\_\_ B19. Barangay \_\_\_\_\_

B20. City/ Municipality \_\_\_\_\_ B21. Province \_\_\_\_\_ B22. Region \_\_\_\_\_

**C. PARENT/ GUARDIAN INFORMATION**

Father	Mother	Guardian
C1. Full Name (surname, full name, middle name)	C7. Full Maiden Name (surname, full name, middle name)	C13. Full Name (surname, full name, middle name)
C2. Highest Educational Attainment <input type="checkbox"/> Elementary graduate <input type="checkbox"/> High School graduate <input type="checkbox"/> College graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Master's/Doctorate degree <input type="checkbox"/> Did not attend school	C8. Highest Educational Attainment <input type="checkbox"/> Elementary graduate <input type="checkbox"/> High School graduate <input type="checkbox"/> College graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Master's/Doctorate degree <input type="checkbox"/> Did not attend school	C14. Highest Educational Attainment <input type="checkbox"/> Elementary graduate <input type="checkbox"/> High School graduate <input type="checkbox"/> College graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Master's/Doctorate degree <input type="checkbox"/> Did not attend school
C3. Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed (i.e. family business) <input type="checkbox"/> Unemployed due to ECQ <input type="checkbox"/> Not working	C9. Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed (i.e. family business) <input type="checkbox"/> Unemployed due to ECQ <input type="checkbox"/> Not working	C15. Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed (i.e. family business) <input type="checkbox"/> Unemployed due to ECQ <input type="checkbox"/> Not working
C4. Working from home due to ECQ? <input type="checkbox"/> Yes <input type="checkbox"/> No	C10. Working from home due to ECQ? <input type="checkbox"/> Yes <input type="checkbox"/> No	C16. Working from home due to ECQ? <input type="checkbox"/> Yes <input type="checkbox"/> No
C5. Contact number/s (cellphone/ telephone)	C11. Contact number/s (cellphone/ telephone)	C17. Contact number/s (cellphone/ telephone)



**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.

- Kinder \_\_\_\_\_ Grade 4 \_\_\_\_\_ Grade 8 \_\_\_\_\_ Grade 12 \_\_\_\_\_  
 Grade 1 \_\_\_\_\_ Grade 5 \_\_\_\_\_ Grade 9 \_\_\_\_\_  
 Grade 2 \_\_\_\_\_ Grade 6 \_\_\_\_\_ Grade 10 \_\_\_\_\_  
 Grade 3 \_\_\_\_\_ Grade 7 \_\_\_\_\_ Grade 11 \_\_\_\_\_  
*Others (ie college, vocational, etc)* \_\_\_\_\_

D3. 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

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

D7. What distance learning modality/ies do you prefer for your child? Choose all that applies.

- online learning     modular learning  
 television     combination of face to face with other modalities  
 radio     others: \_\_\_\_\_

D8. 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

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

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

DATE OF FIRST ATTENDANCE  
 (Month/Day/Year)

/   /

Grade Level \_\_\_\_\_

Track (for SHS) \_\_\_\_\_



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