



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 (1st/2nd): 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) ☐ 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)
Is father ALIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	Is mother ALIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
C2. Highest Educational Attainment	C8. Highest Educational Attainment	C14. Highest Educational Attainment
<input type="checkbox"/> Elementary graduate	<input type="checkbox"/> Elementary graduate	<input type="checkbox"/> Elementary graduate
<input type="checkbox"/> High School graduate	<input type="checkbox"/> High School graduate	<input type="checkbox"/> High School graduate
<input type="checkbox"/> College graduate	<input type="checkbox"/> College graduate	<input type="checkbox"/> College graduate
<input type="checkbox"/> Vocational	<input type="checkbox"/> Vocational	<input type="checkbox"/> Vocational
<input type="checkbox"/> Master's/Doctorate degree	<input type="checkbox"/> Master's/Doctorate degree	<input type="checkbox"/> Master's/Doctorate degree
<input type="checkbox"/> Did not attend school	<input type="checkbox"/> Did not attend school	<input type="checkbox"/> Did not attend school
C3. Employment Status	C9. Employment Status	C15. Employment Status
<input type="checkbox"/> Full time	<input type="checkbox"/> Full time	<input type="checkbox"/> Full time
<input type="checkbox"/> Part time	<input type="checkbox"/> Part time	<input type="checkbox"/> Part time
<input type="checkbox"/> Self-employed (i.e. family business)	<input type="checkbox"/> Self-employed (i.e. family business)	<input type="checkbox"/> Self-employed (i.e. family business)
<input type="checkbox"/> Unemployed due to ECQ	<input type="checkbox"/> Unemployed due to ECQ	<input type="checkbox"/> Unemployed due to ECQ
<input type="checkbox"/> Not working	<input type="checkbox"/> Not working	<input type="checkbox"/> Not working
C4. Working from home due to ECQ?	C10. Working from home due to ECQ?	C16. Working from home due to ECQ?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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)

Additional Information based on variance from issuance of DO 7 s. 2020 and DO 8 s. 2020.

C18. Is your family a beneficiary of 4Ps?

☐ Yes ☐ No



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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.

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 _____

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: _____
☐ **printer**

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)

DEPED NEGOR: ADDITIONAL DATA REQUIREMENTS

E1. Distance from house to school (km): _____

E3. IF LEARNER WILL TRANSFER

Please specify school to enroll in: _____

E2. IF LEARNER WILL NOT ENROLL

What are the reasons for not enrolling? (Check all that applies)

- ☐ Fear of COVID-19 transmission ☐ Armed Conflict
☐ Had to take care of siblings ☐ Distance between home and school
☐ Early marriage/pregnancy ☐ Undetermined
☐ Parents' attitude toward schooling ☐ Others: _____
☐ Family problems
☐ Illness
☐ Overage
☐ Death of learner
☐ Drug abuse
☐ Poor academic performance
☐ Lack of Interest/Distractions
☐ Hunger/Malnutrition
☐ Teacher factor
☐ Physical condition of classroom
☐ Peer influence

FOR THE CLASS ADVISER

Encoded to TALA by : _____

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