



Republic of the Philippines  
Department of Education  
ALTERNATIVE LEARNING SYSTEM  
MODIFIED ALS ENROLLMENT FORM  
(AF2) Learner's Basic Profile

To authenticate this document,  
please scan the QR code.  
DEPED-OSEC-465992



Date \_\_\_\_\_

LRN (if available) \_\_\_\_\_

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

## Personal Information (Part I)

|           |
|-----------|
| Last Name |
|-----------|

|            |
|------------|
| First Name |
|------------|

|             |
|-------------|
| Middle Name |
|-------------|

|                |
|----------------|
| Name Extension |
|----------------|

## CURRENT ADDRESS

|                        |
|------------------------|
| House No./Street/Sitio |
|------------------------|

|          |
|----------|
| Barangay |
|----------|

|                   |
|-------------------|
| Municipality/City |
|-------------------|

|          |
|----------|
| Province |
|----------|

## PERMANENT ADDRESS

Same with your Current Address?

 Yes No

|                        |
|------------------------|
| House No./Street/Sitio |
|------------------------|

|          |
|----------|
| Barangay |
|----------|

|                   |
|-------------------|
| Municipality/City |
|-------------------|

|          |
|----------|
| Province |
|----------|

|                        |
|------------------------|
| Birthdate (mm/dd/yyyy) |
|------------------------|

|     |
|-----|
| Sex |
|-----|

|                                    |
|------------------------------------|
| Place of Birth (Municipality/City) |
|------------------------------------|

|              |
|--------------|
| Civil Status |
|--------------|

|          |
|----------|
| Religion |
|----------|

|                            |
|----------------------------|
| IP (Specify ethnic group): |
|----------------------------|

|               |
|---------------|
| Mother Tongue |
|---------------|

|                  |
|------------------|
| Contact Number/s |
|------------------|

PWD  Yes  No

If Yes, specify the type of disability:

Autism Spectrum Disorder  
 Intellectual Disability

Hearing Impairment  
 Visual Impairment

Learning Disability  
 Multiple Disabilities

Physical Disability  
 Others

Is your family a beneficiary of 4Ps?  Yes If Yes, write the 4Ps Household ID Number below No

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

## Name of Father/Legal Guardian

|           |
|-----------|
| Last Name |
|-----------|

|            |
|------------|
| First Name |
|------------|

|             |
|-------------|
| Middle Name |
|-------------|

|            |
|------------|
| Occupation |
|------------|

## Mother's Maiden Name

|           |
|-----------|
| Last Name |
|-----------|

|            |
|------------|
| First Name |
|------------|

|             |
|-------------|
| Middle Name |
|-------------|

|            |
|------------|
| Occupation |
|------------|

## Educational information (Part II)

| Last grade level completed (Check only if applicable) |                                  |                                  |                                  |                                  |                                   |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| Elementary  |                                  | Junior High School               |                                  | Senior High School               |                                   |
| <input type="checkbox"/> Kinder                       | <input type="checkbox"/> Grade 1 | <input type="checkbox"/> Grade 3 | <input type="checkbox"/> Grade 5 | <input type="checkbox"/> Grade 7 | <input type="checkbox"/> Grade 9  |
| <input type="checkbox"/> Grade 2                      | <input type="checkbox"/> Grade 4 | <input type="checkbox"/> Grade 6 |                                  | <input type="checkbox"/> Grade 8 | <input type="checkbox"/> Grade 10 |

Why did you not attend/complete schooling? (For OSY only)

- No school in Barangay
  - School too far from home
  - Needed to help family
  - Unable to pay for miscellaneous and other expenses
- Others: \_\_\_\_\_

Have you attended ALS learning sessions before?

 Yes  No

If Yes, check the appropriate program:

- Basic Literacy
- A&E Secondary
- A&E Elementary
- ALS SHS

Have you completed the program?

 Yes  No

If No, state the reason: \_\_\_\_\_

*What learning Modality/ies do you prefer? Choose all that apply.*

- |  |   |  |                                       |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Modular (Print)   | <input type="checkbox"/> Online         | <input type="checkbox"/> Radio-Based Instruction | <input type="checkbox"/> Face to Face |
| <input type="checkbox"/> Modular (Digital) | <input type="checkbox"/> Educational TV | <input type="checkbox"/> Blended                 |                                       |

**Accessibility and Availability of CLC (Part III)**

How far is it from your home to your Learning Center?    *in kms* \_\_\_\_\_    *in hours and mins.* \_\_\_\_\_  
How do you get from your home to your Learning Center?     Walking     Motorcycle     Bicycle     Others (Pls. specify) \_\_\_\_\_

When can you attend your Learning Session?

| What specific time<br>can you be at your<br>Learning Center? | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--|--------|---------|-----------|----------|--------|----------|--------|
|  |        |         |           |          |        |          |        |

*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.*

ALS Teacher/Community ALS Implementor/Learning Facilitator: Signature and Date

Learner: Signature and Date