



**BASIC EDUCATION ENROLLMENT FORM**  
THIS FORM IS NOT FOR SALE.

School Year **2025 - 2026**  
Grade level to Enroll: **07**

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 <b>TADURAN</b>	Birthdate (mm/dd/yyyy) <b>07/01/2003</b>	Place of Birth (Municipality/City) _____	
First Name <b>JOANA TOVI</b>	Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Age <b>21</b>	Mother Tongue _____
Middle Name _____	Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____		
Extension Name e.g. Jr., III (if applicable) _____	Is your family a beneficiary of 4Ps? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

<input type="checkbox"/> Visual Impairment <input type="checkbox"/> a. blind <input type="checkbox"/> b. low vision <input type="checkbox"/> Multiple Disorder	<input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Speech/Language Disorder	<input type="checkbox"/> Learning Disability <input type="checkbox"/> Emotional- Behavioral Disorder <input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Orthopedic/Physical Handicap <input type="checkbox"/> Special Health Problem/ Chronic Disease <input type="checkbox"/> a. Cancer
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**Current Address**

House No.	Sitio/Street Name	Barangay	
Municipality/City	Province	Country <b>PHILIPPINES</b>	Zip Code

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

House No./Street	Street Name	Barangay	
Municipality/City	Province	Country <b>PHILIPPINES</b>	Zip Code

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

<b>Father's Name</b>			
Last Name	First Name	Middle Name	Contact Number
<b>Mother's Maiden Name</b>			
Last Name	First Name	Middle Name	Contact Number
<b>Legal Guardian's Name</b>			
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

**NOVEMBER 23, 2024**

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Date