

**ANNEX1**

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| **BASICEDUCATIONENROLLMENTFORM** |
| **THIS FORM IS NOT FOR SALE.** |

School Year -

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

Grade level to Enroll:

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| --- |
| **INSTRUCTIONS:** |
| ***PrintlegiblyallinformationrequiredinCAPITALletters.SubmitaccomplishedformtothePerson-in-Charge/Registrar/ClassAdviser.Useblackorbluepenonly.*** |

**Is the child a Learner with Disability? YesNo**

**If Yes, specify the type of disability:**

**Visual Impairment Hearing Impairment**

**a. Blind Autism Spectrum Disorder**

**b. low vision Speech/ Language Disorder**

**Multiple Disorder**

**Learning Disability Intellectual Disability**

**Emotional-Behavioral Disorder Orthopedic/Physical Handicap**

**Cerebral Palsy Special Health Problem/Chronic Disease**

**a. Cancer**

**LEARNERINFORMATION**

PSA Birth Certificate No. (if available upon registration) Learner Reference No. (LRN) Last Name Birth date (mm/dd/yyyy)

Place of Birth(Municipality/City)

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First Name

Mother Tongue

Age

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| **Sex Male** |
| **Female** |

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Middle Name

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| **BelongingtoanyIndigenousPeoples(IP)Community/IndigenousCulturalCommunity** | |
| **Yes** | **No If Yes, please specify:** |
| **Isyourfamilyabeneficiaryof4Ps? Yes No** | |
| ***If Yes, write the 4Ps Household ID Number below*** | |

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Extension Name e.g...Jr.III (If applicable)

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**Current Address**

House No.

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'SINFORMATION**

Father’s Name

Last Name

Firs t 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

**Ifschoolwillimplementotherdistancelearningmodalitiesasidefromface-to-faceinstruction,whatwouldyoupreferforyourchild?**

**Choose all that apply:**

**Modular(Print)**

**Modular(Digital)**

**Online**

**Educational Television**

**Radio-Based Instruction**

**Homeschooling**

**Blended**

**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 2nd Track

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**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**