



BASIC EDUCATION ENROLLMENT FORM

THIS FORM IS NOT FOR SALE.

Check the appropriate box only:

School Year: -

No LRN

With LRN

Returning (Balik-Aral)

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.

STUDENT INFORMATION

PSA Birth Certificate No. _____

Learner Reference No. (LRN)

LAST NAME

FIRST NAME

MIDDLE NAME

EXTENSION NAME e.g. Jr., III (if applicable) _____

DATE OF BIRTH / / SEX

MALE

FEMALE

 AGE _____

Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community?

No

Yes

 If Yes, please specify: _____

Mother Tongue _____

ADDRESS

House Number and Street _____

Barangay _____

City/Municipality/Province/Country _____ Zip Code

PARENT'S/GUARDIAN'S INFORMATION

Father's Name (Last Name, First Name, Middle Name) _____ Mother's Maiden Name (Last Name, First Name, Middle Name) _____

Guardian's Name (Last Name, First Name, Middle Name) _____

Telephone No. _____ Cellphone No. _____

For Returning Learners (Balik-Aral) and Those Who Shall Transfer/Move In

Last Grade Level Completed _____ Last School Year Completed _____

School Name _____ School ID

School Address _____

For Learners in Senior High School

Semester

1st Sem

2ndSem

Track _____ Strand (if any) _____

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 / /

Grade Level _____ Track (for SHS) _____