



BASIC EDUCATION ENROLLMENT FORM

THIS FORM IS NOT FOR SALE.

School Year 2024 - 2025

Grade level to Enroll:

Check the appropriate box only

1. With LRN? ☐ Yes ☐ No2. 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

MAGLAQUE

Birthdate (mm/dd/yyyy)

 / /

Place of Birth (Municipality/City)

First Name

ELGHENE JAMES Sex ☐ Male☐ Female

Age

Mother Tongue

Middle Name

OLAGUIR

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

☐ Yes ☐ No If Yes, please specify: _____

Extension Name e.g. Jr., III (if applicable)

Is your family a beneficiary of 4Ps? ☐ Yes ☐ 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:

☐ Visual Impairment☐ a. blind☐ b. low vision☐ Multiple Disorder☐ Hearing Impairment☐ Autism Spectrum Disorder☐ Speech/Language Disorder☐ Learning Disability☐ Emotional- Behavioral Disorder☐ Cerebral Palsy☐ Intellectual Disability☐ Orthopedic/Physical Handicap☐ Special Health Problem/ Chronic Disease☐ a. Cancer

Current Address

House No.

Sitio/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'S INFORMATION

Father's Name

Last Name

First 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

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 _____

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

Date