

**THIS FORM IS NOT FOR SALE.**

School Year 

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Grade level to Enroll: 

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1. With LRN? ☐ Yes ☐ No      2. Returning (Balik-Aral) ☐ Yes ☐ No

***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.***

PSA Birth Certificate No. (if available upon registration) \_\_\_\_\_ Learner Reference No. (LRN) \_\_\_\_\_

[illegible]

Birthdate (mm/dd/yyyy)									
		/			/				

Place of Birth (Municipality/City)
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First Name					

Sex ☐ Male  
☐ Female

Age

Mother Tongue
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Middle Name

☐ Yes    ☐ No    If Yes, please specify:

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

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[illegible]

House No./Street	Street Name	Barangay	
Municipality/City	Province	Country	Zip Code

House No./Street	Street Name	Barangay	
Municipality/City	Province	Country	Zip Code

Father's Name			
Last Name	First Name	Middle Name	Contact Number

  

Mother's Maiden Name			
Last Name	First Name	Middle Name	Contact Number

  

Guardian's Name			
Last Name	First Name	Middle Name	Contact Number

**Last Grade Level Completed** **Last School Year Completed**

Last School Attended	School ID					
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Semester	<input type="checkbox"/> 1st Sem	<input type="checkbox"/> 2nd Sem	Track	Strand

**Preferred Distance Learning Modality/ies**

*Choose all that applies.*

☐ Modular (Print)

☐ Online

☐ Radio-Based Instruction

☐ Blended

☐ Modular (Digital)

☐ Educational Television

☐ Homeschooling

☐ Face to Face

*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