(Enclosure No. 4 to DepEd Order No. s. 2020)

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**LEARNER ENROLLMENT AND SURVEY FORM**

THIS FORM IS NOT FOR SALE

Instructions:

1. This enrollment survey shall be answered by the parent/guardian of the learner.
2. Please read the questions carefully and fill in all applicable spaces and write your answers legibly in CAPITAL letters. For items not applicable, write N/A.
3. For questions/ clarifications, please ask for the assistance of the teacher/ person-in-charge.

A1. School Year -

**A. GRADE LEVEL AND SCHOOL INFORMATION**

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| --- | --- | --- | --- |
| 2 | 0 | 2 | 0 |

A2. Check the appropriate boxes only

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| --- | --- | --- | --- |
| 2 | 0 | 2 | 1 |

No LRN

With LRN A3.

X

Returning (Balik-Aral)

A4. Grade Level to enroll:



A7. Last School Attended: A8. School ID:

A11. School to enroll in: A12. School ID:

GRADE 12

A5. Last grade level completed:

A9. School Address:

A13. School Address:

A6. Last school year completed:

A10. School Type:

Public Private

**FOR SENIOR HIGH SCHOOL ONLY:**

A14. Semester (1st/2nd): A15. Track: A16. Strand (if any):

**B. STUDENT INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 9 | 6 | 4 | 8 | 1 | 2 | 0 | 1 | 5 | 7 |

B1. PSA Birth Certificate No. (if available upon enrolment)

B2. Learner Reference Number (LRN)

B3. LAST NAME

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B4. FIRST NAME B5. MIDDLE NAME

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B6. EXTENSION NAME e.g. Jr., III (if applicable)

B7. Date of Birth

**For Learners with Special Education Needs**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 1 |

(Month/Day/Year)

${age}

${b91}

B8. Age B9. Sex

B10. Belonging to Indigenous

Male Peoples

${b92}

(IP)

Female

Yes No

B14. Does the learner have special education needs?

Yes No

B15. If yes, please specify:

B16. Do you have any assistive technology devices available at home? (i.e. scree

Community/Indigenous Cultural Community

B11. If yes, please specify:

B12. Mother Tongue: B13. Religion:

reader, Braille, DAISY)

Yes No

B17. If yes, please specify :

**ADDRESS**



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B18. House Number and Street B19. Barangay

B20. City/ Municipality B21.Province B22.Region

**C. PARENT/ GUARDIAN INFORMATION**

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| X | **Father** |  | **Mother** |  | **Guardian** |
| C1. Full Name (surname, full name, middle name) |  | C7. Full Maiden Name (surname, full name, middle name) |  | C13. Full Name (surname, full name, middle name) |
| C2. Highest Educational Attainment |  | C8. Highest Educational Attainment |  | C14. Highest Educational Attainment |
| Elementary graduate |  | Elementary graduate |  | Elementary graduate |
| High School graduate |  | High School graduate |  | High School graduate |
| College graduate |  | College graduate |  | College graduate |
| Vocational |  | Vocational |  | Vocational |
| Master’s/Doctorate degree |  | Master’s/Doctorate degree |  | Master’s/Doctorate degree |
| Did not attend school |  | Did not attend school |  | Did not attend school |
|  |  |  |  |  |
| C3. Employment Status |  | C9. Employment Status |  | C15. Employment Status |
| Full time |  | Full time |  | Full time |
| Part time |  | Part time |  | Part time |
| Self-employed (i.e. family business) |  | Self-employed (i.e. family business) |  | Self-employed (i.e. family business) |
| Unemployed due to ECQ |  | Unemployed due to ECQ |  | Unemployed due to ECQ |
| Not working |  | Not working |  | Not working |
| C4. Working from home due to ECQ?  Yes No | X | C10. Working from home due to ECQ?  Yes No | X | C16. Working from home due to ECQ?  Yes No |
|  | C5. Contact number/s (cellphone/ telephone) |  | C11. Contact number/s (cellphone/ telephone) |  | C17. Contact number/s (cellphone/ telephone) |

**D. HOUSEHOLD CAPACITY AND ACCESS TO DISTANCE LEARNING**

D1. How does your child go to school? Choose all that applies.

walking

public commute (land/ water)

family-owned vehicle

school service

D2. How many of your household members (including the enrollee) are studying in School Year 2020-2021? Please specify each.

D3. Who among the household members can provide instructional support to the child’s distance learning? Choose all that applies.

Kinder Grade 1

Grade 2

Grade 3

Grade 4 \_ Grade 8

Grade 5 \_ Grade 9

Grade 6 \_ Grade 10

Grade 7 \_ Grade 11

Grade 12 \_

*Others \_*

*(ie college, vocational, etc)*

parents/ guardians elder siblings grandparents

extended members of the family

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others (tutor, house helper) none

able to do independent learning

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D4. What devices are available at home that the learner can use for learning? Check all that applies.

cable TV radio

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non-cable TV desktop computer

basic cellphone laptop

smartphone none

tablet others:

D5. Do you have a way to connect to the internet?

Yes No

(If NO, proceed to D7)

D6. How do you connect to the internet? Choose all that applies.

own mobile data

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own broadband internet (DSL, wireless fiber, satellite) computer shop

other places outside the home with internet connection (library, barangay/ municipal hall, neighbor, relatives) none

D7. What distance learning modality/ies do you prefer for your child? Choose all that applies.

D8. What are the challenges that may affect your child’s learning process through distance education? Choose all that applies.

online learning modular learning

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television combination of face to face with other modalities

radio others: \_

lack of available gadgets/ equipment insufficient load/ data allowance unstable mobile/ internet connection

existing health condition/s difficulty in independent learning

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conflict with other activities (i.e., house chores) high electrical consumption

distractions (i.e., social media, noise from community/neighbor)

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others:



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 / /

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| --- | --- | --- | --- |
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(Month/Day/Year)

Grade Level Track (for SHS)