

**Municipality/City**

**Country**

**ANNEX 1**

School Year -

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

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| --- |
| **ENHANCED BASIC EDUCATION ENROLLMENT FORM** |
| **THIS FORM IS NOT FOR SALE.** |

Grade level to Enroll:

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 Birthdate (mm/dd/yyyy)

Place of Birth (Municipality/City)

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|  |  | **/** |  |  | **/** |  |  |  |  |

First Name

Mother Tongue

Age

|  |
| --- |
| **Sex □ Male** |
| **□ Female** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Middle Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community?** | | |
| **□ Yes** |  | **□ No If Yes, please specify:** |
| **Is your family a beneficiary of 4Ps? □ Yes □ No** | | |
| ***If Yes, write the 4Ps Household ID Number below*** | | |

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

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**Current Address**

House No./Street

Street Name

Barangay

Municipality/City

Province

Country

Zip Code

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Permanent Address** | ***Same with your Current Address?*** | **□ Yes** | **□ No** |  | | |
|  |  |  |  |  |  |  |
| **House No./Street** | **Street Name** |  |  |  | **Barangay** |  |

Province

Zip Code

|  |  |  |  |  |  |  |
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| **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** |
| **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 Attented School ID

**For Learners in Senior High School**

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Semester □ 1st Sem □ 2nd Sem

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| **Track** |
| **Strand** |

***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/Guardiand**

**Date**

|  |  |  |  |
| --- | --- | --- | --- |
| **Preferred Distance Learning Modality/ies** | | | |
| ***Choose all that applies.*** |  |  |  |
| **□ Modular (Print)** | **□ Online** | **□ Radio-Based Instruction** | **□ Blended** |
| **□ Modular (Digital)** | **□ Educational Television** | **□ Homeschooling** | **□ Face to Face** |