



ENHANCED BASIC EDUCATION ENROLLMENT FORM

THIS FORM IS NOT FOR SALE

School Year _____

Grade level to Enroll: _____

Check the appropriate box only

1. With LRN? Yes No 2. 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 _____

Birthdate (mm/dd/yyyy) _____

Place of Birth (Municipality/City) _____

First Name _____

Sex Male
 Female

Age _____

Mother Tongue _____

Middle Name _____

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

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 _____

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 _____

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 Sem

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