



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) <input type="text"/>	
Last Name <input type="text"/>		Birthdate (mm/dd/yyyy) <input type="text"/>	
First Name <input type="text"/>		Place of Birth (Municipality/City) <input type="text"/>	
Middle Name <input type="text"/>		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Extension Name e.g. Jr., III (if applicable) <input type="text"/>		Age <input type="text"/>	
		Mother Tongue <input type="text"/>	
Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please specify: _____			
Is your family a beneficiary of 4Ps? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, write the 4Ps Household ID Number below <input type="text"/>			

Current Address

House No./Street <input type="text"/>	Street Name <input type="text"/>	Barangay <input type="text"/>	
Municipality/City <input type="text"/>	Province <input type="text"/>	Country <input type="text"/>	Zip Code <input type="text"/>

Permanent Address *Same with your Current Address?* Yes No

House No./Street <input type="text"/>	Street Name <input type="text"/>	Barangay <input type="text"/>	
Municipality/City <input type="text"/>	Province <input type="text"/>	Country <input type="text"/>	Zip Code <input type="text"/>

PARENT'S/GUARDIAN'S INFORMATION

Father's Name			
Last Name <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Contact Number <input type="text"/>
Mother's Maiden Name			
Last Name <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Contact Number <input type="text"/>
Guardian's Name			
Last Name <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Contact Number <input type="text"/>

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

For Learners in Senior High School

Semester 1st Sem 2nd Sem Track _____
 Strand _____

Preferred Distance Learning Modalities/es

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 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