



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

For Learners in Senior High School

Semester 1st Sem 2nd Sem Track _____
Strand _____

Preferred Distance Learning Modality/ies

Choose all that applies.

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Modular (Print) | <input type="checkbox"/> Online | <input type="checkbox"/> Radio-Based Instruction | <input type="checkbox"/> Blended |
| <input type="checkbox"/> Modular (Digital) | <input type="checkbox"/> Educational Television | <input type="checkbox"/> Homeschooling | <input type="checkbox"/> 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