



PAGPAPATALA NG MAG-AARAL AT SURVEY FORM

HINDI IPINAGBIBILI ANG FORM NA ITO

Mga dapat sundin:

1. Ang *enrollment survey* na ito ay sasagutan ng magulang/tagapag-alaga ng mag-aaral.
2. Basahing mabuti ang mga tanong at sagutan ang mga angkop na espasyo at isulat nang maayos sa MALALAKING TITIK ang iyong mga sagot. Sa mga aytem na hindi angkop, ilagay ang N/A.
3. Para sa mga katanungan at paglilinaw, humingi ng tulong sa guro/ taong nakatalaga.

A. ANTAS AT IMPORMASYON NG PAARALAN

A1. Taong Panuruan: - A2. I-check lamang ang naaangkop Walang LRN May LRN A3. Returning (Balik-Aral)

A4. Baitang na nais ipatala: _____ A7. Huling paaralang pinasukan: _____ A8. ID ng Paaralan: _____ A11. Paaralan kung saan nais i-enroll ang mag-aaral: _____ A12. ID ng Paaralan: _____

A5. Huling baitang na natapos: _____ A9. Adres ng Paaralan: _____ A13. Adres ng Paaralan: _____

A6. Huling natapos na taon sa paaralan: _____ A10. Uri ng Paaralan Pampubliko Pribado

PARA LAMANG SA SENIOR HIGH SCHOOL:
A14. Semestre (1st/2nd): _____ A15. Track: _____ A16. Strand (if any): _____

B. IMPORMASYON NG ESTUDYANTE

B1. - Numero na nakalagay sa Sertipiko ng Kapanganakan (Birth Certificate) mula sa PSA (kung may dala nang kopya)

B2. Learner Reference Number (LRN)

B3. APELYIDO

B4. PANGALAN

B5. GITNANG PANGALAN

B6. EXTENSION NAME e.g. Jr., III (kung mayroon) _____

B7. Petsa ng Kapanganakan (Buwang/Araw/Taon)

B8. Edad B9. Kasarian Lalaki Babae

B10. Nabibilang sa katutubong grupo/ Komunidad ng Katutubong Kultural Oo Hindi

B11. Kung oo, saang grupo nabibilang: _____

B12. Kinagisnang wika: _____

B13. Relihiyon: _____

PARA SA MGA MAG-AARAL NA MAY KAPANSANAN

B14. Ang mag-aaral ba ay nangangailangan ng espesyal na tulong sa pag-aaral? (hal.: sa pisikal, mental, kondisyong medical, bukod sa iba pa) Mayroon Wala

B15. Kung MAYROON, isulat kung ano ang natatanging kalagayan ng bata: _____

B16. May nagagamit bang "assistive technology devices" sa inyong bahay tulad ng *screen reader, braille or DAISY*? Mayroon Wala

B17. Kung MAYROON, isulat kung ano ito: _____

TIRAHAN

B18. Numero ng bahay at kalye _____ B19. *Subdivision/ baryo/ purok/ sitio* _____ B20. Barangay _____

B21. Lungsod/ Munisipalidad _____ B22. Probinsiya/ Lalawigan _____ B23. Rehiyon _____

C. IMPORMASYON NG MAGULANG/TAGAPAG-ALAGA

AMA	INA	TAGAPAG-ALAGA
C1. Buong pangalan (Apelyido, Pangalan, Gitnang Pangalan) _____	C6. Buong pagkadalagang pangalan (Apelyido, Pangalan, Gitnang Pangalan) _____	C11. Buong pangalan (Apelyido, Pangalan, Gitnang Pangalan) _____
C2. Pinakamataas na antas na natapos sa pag-aaral <input type="checkbox"/> Elementarya <input type="checkbox"/> Sekondarya <input type="checkbox"/> Kolehiyo <input type="checkbox"/> Bokasyonal <input type="checkbox"/> Degring Masteral at Doktorado <input type="checkbox"/> Hindi nakapag-aral <input type="checkbox"/> Iba pa: _____	C7. Pinakamataas na antas ng pag-aaral na natapos <input type="checkbox"/> Elementarya <input type="checkbox"/> Sekondarya <input type="checkbox"/> Kolehiyo <input type="checkbox"/> Bokasyonal <input type="checkbox"/> Degring Masteral at Doktorado <input type="checkbox"/> Hindi nakapag-aral <input type="checkbox"/> Iba pa: _____	C12. Pinakamataas na antas ng pag-aaral na natapos <input type="checkbox"/> Elementarya <input type="checkbox"/> Sekondarya <input type="checkbox"/> Kolehiyo <input type="checkbox"/> Bokasyonal <input type="checkbox"/> Degring Masteral at Doktorado <input type="checkbox"/> Hindi nakapag-aral <input type="checkbox"/> Iba pa: _____
C3. Katayuan sa trabaho <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed (hal.:negosyong pampamilya) <input type="checkbox"/> Nawalan ng trabaho dahil sa <i>community quarantine</i> <input type="checkbox"/> Hindi nagtatrabaho	C8. Katayuan sa trabaho <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed (hal.:negosyong pampamilya) <input type="checkbox"/> Nawalan ng trabaho dahil sa <i>community quarantine</i> <input type="checkbox"/> Hindi nagtatrabaho	C13. Katayuan sa trabaho <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed (hal.: negosyong pampamilya) <input type="checkbox"/> Nawalan ng trabaho dahil sa <i>community quarantine</i> <input type="checkbox"/> Hindi nagtatrabaho

C4. Nagtatrabaho sa bahay dulot ng <i>community quarantine</i> ? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi	C9. Nagtatrabaho sa bahay dulot ng <i>community quarantine</i> ? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi	C14. Nagtatrabaho sa bahay dulot ng <i>community quarantine</i> ? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi
C5. Numero sa telepono (<i>cellphone/ telephone</i>)	C10. Numero sa telepono (<i>cellphone/ telephone</i>)	C15. Numero sa telepono (<i>cellphone/ telephone</i>)
C16. Kabilang ba ang inyong pamilya sa 4Ps ng DSWD? <input type="checkbox"/> Oo <input type="checkbox"/> Hindi		

D. KAPASIDAD AT KAPARAANAN NG TAHANAN PARA SA DISTANCE LEARNING

D1. Paano pumapasok ang bata sa paaralan? Piliin ang lahat ng naaangkop.

<input type="checkbox"/> naglalakad	<input type="checkbox"/> sumasakay sa pampublikong sasakyan (panlupa o pantubig)	<input type="checkbox"/> may sasakyang pampamilya	<input type="checkbox"/> may tagahatid
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D2. Ilang miyembro sa inyong tahanan (kabilang na ang i-enrol) ang mag-aaral ngayong taong panuruan 2020-2021? Ilagay kung ilan sa bawat baitang.

Kinder _____	Baitang 4 _____	Baitang 8 _____	Baitang12 _____
Baitang 1 _____	Baitang 5 _____	Baitang 9 _____	<i>Iba pa:</i> _____
Baitang 2 _____	Baitang 6 _____	Baitang 10 _____	<small>(Hal.: Kolehiyo, bokasyonal at iba pa.)</small>
Baitang 3 _____	Baitang 7 _____	Baitang 11 _____	

D3. Sino-sino sa miyembro ng inyong tahanan ang maaaring tumulong sa *distance learning* na pag-aaral ng bata? Piliin ang lahat ng naaangkop.

<input type="checkbox"/> magulang o tagapag-alaga nakatatandang kapatid	<input type="checkbox"/> iba pa (tutor, katulong) wala
<input type="checkbox"/> lolo o lola	<input type="checkbox"/> may kakayahang mag-aral ang bata nang mag-isa
<input type="checkbox"/> iba pang kamag-anak	

D4. Anong mga kagamitan sa tahanan ang magagamit ng bata para sa pag-aaral?

<input type="checkbox"/> cable TV	<input type="checkbox"/> radio
<input type="checkbox"/> non-cable TV	<input type="checkbox"/> desktop computer
<input type="checkbox"/> basic cellphone	<input type="checkbox"/> laptop
<input type="checkbox"/> smartphone	<input type="checkbox"/> wala
<input type="checkbox"/> tablet	<input type="checkbox"/> Iba pa: _____

D5. Mayroon ka bang paraan para maka-connect sa internet

<input type="checkbox"/> Mayroon
<input type="checkbox"/> Wala

Kung WALA, laktawan ang D6.

D6. Paano ka nakaka- connect sa internet? Piliin ang lahat ng naaangkop.

<input type="checkbox"/> sariling mobile data
<input type="checkbox"/> sariling DSL, WIFI o satellite
<input type="checkbox"/> computer shop
<input type="checkbox"/> Sa iba pang lugar sa labas ng bahay na may connection ng internet tulad ng silid-aklatan, barangay/munisipyo, kapitbahay o kamag-anak
<input type="checkbox"/> wala

D7. Ano-anong pamamaraan ng "distance learning" ang nais mo para sa iyong anak? Piliin ang lahat ng naaangkop.

<input type="checkbox"/> online learning	<input type="checkbox"/> pagkatutong modyular
<input type="checkbox"/> telebisyon	<input type="checkbox"/> magkahalong pagtuturo sa silid-aralan at ang apat na nabanggit sa taas
<input type="checkbox"/> radyo	<input type="checkbox"/> Iba pa: _____

D8. Anong mga hadlang ang maaaring makaapekto sa proseso ng pagkatuto ng iyong anak gamit ang *distance education*? Piliin ang lahat ng naaangkop.

<input type="checkbox"/> kawalan ng gadgets/kagamitan kakulangan sa budyet para sa load/data	<input type="checkbox"/> may mga kasabay na ibang gawaing bahay kawalan ng lugar para sa pag-aaral
<input type="checkbox"/> Hindi maayos na koneksiyon sa cellphone/internet	<input type="checkbox"/> mga sagabal sa pag-aaral(hal.:social media, ingay mula sa komunidad/kapitbahay)
<input type="checkbox"/> may suliraning pangkalusugan	<input type="checkbox"/> nawalan o lumipat ng tirahan dahil sa community quarantine
<input type="checkbox"/> nahihirapang mag-aral nang mag-isa	<input type="checkbox"/> Iba pa: _____

Aking pinatutunayan na ang nabanggit na impormasyon ay totoo at tama sa abot ng aking kaalaman at pinahihintulutan kong gamitin ng kagawaran ng edukasyon ang mga impormasyon ng aking anak upang makabuo at/o i-update ang kanyang profile sa learner information system. Ang mga impormasyon dito at dapat na ituring na kumpidensiyal at naaayon sa Data Privacy Act of 2012.

_____ Lagda sa Ibabaw ng Pangalan ng Magulang/Tagapag-alaga _____ Petsa _____

Para lamang sa empleyado ng Paaralan. Sasagutan ng Gurong Tagapayo

PETSA NG UNANG ARAW NG PAGDALO _____ / _____ / _____
(Month/Day/Year)

Baitang _____ Track (para sa SHS) _____



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.

A. GRADE LEVEL AND SCHOOL INFORMATION

A1. School Year - A2. Check the appropriate boxes only No LRN With LRN A3. Returning (Balik-Aral)

A4. Grade Level to enroll: _____ A7. Last School Attended: _____ A8. School ID: _____ A11. School to enroll in: _____ A12. School ID: _____

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

B1. PSA Birth Certificate No. (if available upon enrollment) B2. Learner Reference Number (LRN)

B3. LAST NAME

B4. FIRST NAME

B5. MIDDLE NAME

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

B7. Date of Birth (Month/Day/Year)

B8. Age B9. Sex Male Female

B10. Belonging to Indigenous Peoples (IP) Community/Indigenous Cultural Community Yes No
 B11. If yes, please specify: _____

B12. Mother Tongue: _____
 B13. Religion: _____

For Learners with Special Education Needs

B14. Does the learner have special education needs? (i.e. physical, mental, developmental disability, medical condition, giftedness, among others)
 Yes No
 B15. If yes, please specify: _____

B16. Do you have any assistive technology devices available at home? (i.e. screen reader, Braille, DAISY)
 Yes No
 B17. If yes, please specify: _____

ADDRESS

B18. House Number and Street _____ B19. Subdivision/ Village/ Zone _____ B20. Barangay _____

B21. City/ Municipality _____ B22. Province _____ B23. Region _____

C. PARENT/ GUARDIAN INFORMATION

Father	Mother	Guardian
C1. Full Name (last name, first name, middle name) _____	C6. Full Maiden Name (last name, first name, middle name) _____	C11. Full Name (last name, first name, middle name) _____
C2. Highest Educational Attainment <input type="checkbox"/> Elementary graduate <input type="checkbox"/> High School graduate <input type="checkbox"/> College graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Master's/Doctorate degree <input type="checkbox"/> Did not attend school <input type="checkbox"/> Others: _____	C7. Highest Educational Attainment <input type="checkbox"/> Elementary graduate <input type="checkbox"/> High School graduate <input type="checkbox"/> College graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Master's/Doctorate degree <input type="checkbox"/> Did not attend school <input type="checkbox"/> Others: _____	C12. Highest Educational Attainment <input type="checkbox"/> Elementary graduate <input type="checkbox"/> High School graduate <input type="checkbox"/> College graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Master's/Doctorate degree <input type="checkbox"/> Did not attend school <input type="checkbox"/> Others: _____
C3. Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed (i.e. family business) <input type="checkbox"/> Unemployed due to community quarantine <input type="checkbox"/> Not working	C8. Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed (i.e. family business) <input type="checkbox"/> Unemployed due to community quarantine <input type="checkbox"/> Not working	C13. Employment Status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self-employed (i.e. family business) <input type="checkbox"/> Unemployed due to community quarantine <input type="checkbox"/> Not working
C4. Working from home due to community quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No	C9. Working from home due to community quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No	C14. Working from home due to community quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No
C5. Contact number/s (cellphone/ telephone) _____	C10. Contact number/s (cellphone/ telephone) _____	C15. Contact number/s (cellphone/ telephone) _____

C16. Is your family a beneficiary of Yes No 4Ps?

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.

Kinder	Grade 4	Grade 8	Grade 12
Grade 1	Grade 5	Grade 9	Others (ie college, vocational, etc) _____
Grade 2	Grade 6	Grade 10	
Grade 3	Grade 7	Grade 11	

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

<input type="checkbox"/> parents/ guardians	<input type="checkbox"/> others (tutor, house helper)
<input type="checkbox"/> elder siblings	<input type="checkbox"/> none
<input type="checkbox"/> grandparents	<input type="checkbox"/> able to do independent learning
<input type="checkbox"/> extended members of the family	

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

<input type="checkbox"/> cable TV	<input type="checkbox"/> radio
<input type="checkbox"/> non-cable TV	<input type="checkbox"/> desktop computer
<input type="checkbox"/> basic cellphone	<input type="checkbox"/> laptop
<input type="checkbox"/> smartphone	<input type="checkbox"/> none
<input type="checkbox"/> tablet	<input type="checkbox"/> 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.

<input type="checkbox"/> own mobile data
<input type="checkbox"/> own broadband internet (DSL, wireless fiber, satellite)
<input type="checkbox"/> computer shop
<input type="checkbox"/> other places outside the home with internet connection (library, barangay/ municipal hall, neighbor, relatives)
<input type="checkbox"/> none

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

<input type="checkbox"/> online learning	<input type="checkbox"/> modular learning
<input type="checkbox"/> television	<input type="checkbox"/> combination of face to face with other modalities
<input type="checkbox"/> radio	<input type="checkbox"/> others: _____

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

<input type="checkbox"/> lack of available gadgets/ equipment	<input type="checkbox"/> conflict with other activities (i.e., house chores)
<input type="checkbox"/> insufficient load/ data allowance	<input type="checkbox"/> No or lack of available space for studying
<input type="checkbox"/> unstable mobile/ internet connection	<input type="checkbox"/> distractions (i.e., social media, noise from community/neighbor)
<input type="checkbox"/> existing health condition/s	<input type="checkbox"/> others: _____
<input type="checkbox"/> difficulty in independent learning	

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 School Personnel Only. To be filled up by the Class Adviser.

DATE OF FIRST ATTENDANCE
(Month/Day/Year)

/ /

Grade
Level

Track (for SHS)
