



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: MOTHER SHEPHERD ACADEMY OF VALENZUELA A12. School ID: 407199

A5. Last grade level completed: _____ A9. School Address: _____ A13. School Address: 93 A. PADRINAO ST. KARUHATAN, VALENZUELA CITY

A6. Last school year completed: _____ A10. School Type: Public Private

B. STUDENT INFORMATION

B1. PSA Birth Certificate No. (if available upon enrolment) 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 / /

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) _____	C7. Full Maiden Name (last name, first name, middle name) _____	C14. 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: _____	C8. 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: _____	C15. 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	C9. 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	C16. 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	C10. Working from home due to community quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No	C17. Working from home due to community quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No
C5. Contact number/s (cellphone/ telephone) _____	C11. Contact number/s (cellphone/ telephone) _____	C18. Contact number/s (cellphone/ telephone) _____
C6. E-mail _____	C12. E-mail _____	C19. E-mail _____
C7. Facebook Account _____	C13. Facebook Account _____	C20. Facebook Account _____

C21. Is your family a beneficiary of 4Ps? Yes No

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.

own mobile data
 own broadband internet (DSL, wireless fiber, satellite)
 computer shop
 other places outside the home with internet connection (library, barangay/ municipal hall, neighbor, relatives)
 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. The tuition fee varies according to grade level as shown in each school year's tuition fee chart.

POLICIES ON PAYMENT

Once a student joins the school, full fees are charged until the end of the school year. There are no refunds for periods of absence from the school. One copy of the student's progress report, certificate, and/ or school's recommendation form will be given only if all the accounts have been settled before the student leaves the school. Additional charge will be applied for each extra copy of school reports.

Tuition and all other fees must be paid by the due date by the end of the current applicable month and/or as stated in the SOA. Students will not be allowed to attend classes if tuition fees are not paid. Payments not received by the due date will be considered overdue and the school will charge a 3.00% late payment penalty. If fees are not paid on time, the school has the right to refuse attendance of the student at school and/or withhold student reports/transcripts.

The School reserves the right to amend its policies and fee structure whenever considered necessary and appropriate. The School makes these policies available to parents through the school website. It is the parent or guardian's responsibility to ensure that they are informed and aware of basic school policies.

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) _____