



# Ateneo de Zamboanga University

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: **ATENEO DE ZAMBOANGA UNIVERSITY404925** A12. School ID: \_\_\_\_\_  
 A5. Last grade level completed: \_\_\_\_\_ A9. School Address: \_\_\_\_\_ A13. School Address: **LA PURISIMA ST., ZONE II, ZAMBOANGA CITY**  
 A6. Last school year completed: \_\_\_\_\_ A10. School Type:  Public  Private

**FOR SENIOR HIGH SCHOOL ONLY:**  
 A14. Semester (1<sup>st</sup>/2<sup>nd</sup>): \_\_\_\_\_ A15. Track: \_\_\_\_\_ A16. Strand (if any): \_\_\_\_\_

## 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 Community/Indigenous Cultural Community (IP)  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	C7. Highest Educational Attainment	C12. Highest Educational Attainment	
<input type="checkbox"/> Elementary graduate	<input type="checkbox"/> Elementary graduate	<input type="checkbox"/> Elementary graduate	
<input type="checkbox"/> High School graduate	<input type="checkbox"/> High School graduate	<input type="checkbox"/> High School graduate	
<input type="checkbox"/> College graduate	<input type="checkbox"/> College graduate	<input type="checkbox"/> College graduate	
<input type="checkbox"/> Vocational	<input type="checkbox"/> Vocational	<input type="checkbox"/> Vocational	
<input type="checkbox"/> Masters/Doctorate degree	<input type="checkbox"/> Master's/Doctorate degree	<input type="checkbox"/> Master's/Doctorate degree	
<input type="checkbox"/> Did not attend school	<input type="checkbox"/> Did not attend school	<input type="checkbox"/> Did not attend school	
<input type="checkbox"/> Others: _____	<input type="checkbox"/> Others: _____	<input type="checkbox"/> Others: _____	
C3. Employment Status	C8. Employment Status	C13. Employment Status	
<input type="checkbox"/> Full time	<input type="checkbox"/> Full time	<input type="checkbox"/> Full time	
<input type="checkbox"/> Part time	<input type="checkbox"/> Part time	<input type="checkbox"/> Part time	
<input type="checkbox"/> Self-employed (i.e. family business)	<input type="checkbox"/> Self-employed (i.e. family business)	<input type="checkbox"/> Self-employed (i.e. family business)	
<input type="checkbox"/> Unemployed due to community quarantine	<input type="checkbox"/> Unemployed due to community quarantine	<input type="checkbox"/> Unemployed due to community quarantine	
<input type="checkbox"/> Not working	<input type="checkbox"/> Not working	<input type="checkbox"/> Not working	
C4. Working from home due to community quarantine?	C9. Working from home due to community quarantine?	C14. Working from home due to community quarantine?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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.

- |              |         |          |  |
|--------------|---------|----------|--|
| Kindergarten | 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          | 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           | 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          | 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) \_\_\_\_\_