



Republic of the Philippines  
Department of Education  
**ALTERNATIVE LEARNING SYSTEM**  
**ALS ENROLMENT FORM (AF2)**  
**Learner's Basic Profile**



Date : \_\_\_\_\_ LRN (if available) : \_\_\_\_\_

**Personal Information (Part I)**

Last Name	First Name	Middle Name	Name Extension
• Address: _____			
House No./Street/Sitio	Barangay	Municipality/City	Province
• Birthdate (mm/dd/yyyy): ____/____/____ Place of Birth (Municipality/City) _____			
• Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female • Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Separated <input type="checkbox"/> Solo Parent			
• Religion: _____ • IP (Specify ethnic group) : _____ • Mother Tongue : _____			PWD: <input type="checkbox"/> Yes <input type="checkbox"/> No
• Contact Number/s: _____			4Ps <input type="checkbox"/> Yes <input type="checkbox"/> No
• Name of Father/Legal Guardian _____			
Last Name	First Name	Middle Name	Occupation
• Mother's Maiden Name _____			
Last Name	First Name	Middle Name	Occupation

**Educational information (Part II)**

• Last grade level completed

Elementary :  K  G-1  G-2  G-3  G-4  G-5  G-6

Junior High School :  G-7  G-8  G-9  G-10

• Why did you drop out of school? (For OSY only)

No school in Barangay  School too far from home  Needed to help family

Unable to pay for miscellaneous and other expenses Others: \_\_\_\_\_

• Have you attended ALS learning sessions before?  YES  NO

If Yes:

Name of the Program: \_\_\_\_\_ Level of Literacy:  Basic  Elem.  JHS  InfEd

Year Attended: \_\_\_\_\_ Have you completed the Program? (Yes/No) \_\_\_\_\_

If NO, state the reason: \_\_\_\_\_

**Accessibility and Availability (Part III)**

- How far is it from your home to your Learning Center? \_\_\_\_\_ in kms \_\_\_\_\_ in hours and mins.
- How do you get from your home to your Learning Center?  Walking  Motorcycle  Bicycle  Others (Pls. Specify) \_\_\_\_\_
- When can you attend your Learning Session?

What specific time can you be at your Learning Center?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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ALS Teacher/Community ALS Implementor/Learning Facilitator : Signature and Date

\_\_\_\_\_  
Learner: Signature and Date