



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



Date _____

LRN (if available)

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Personal Information (Part I)

Last Name	First Name	Middle Name	Name Extension
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CURRENT ADDRESS

House No./Street/Sitio	Barangay	Municipality/City	Province
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PERMANENT ADDRESS *Same with your Current Address?* Yes No

House No./Street/Sitio	Barangay	Municipality/City	Province
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Birthdate (mm/dd/yyyy) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																					Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth (Municipality/City)	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Solo Parent <input type="checkbox"/> Married <input type="checkbox"/> Widower/er

Religion	IP (Specify ethnic group):	Mother Tongue	Contact Number/s
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PWD Yes No

If Yes, specify the type of disability:

<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Others

Is your family a beneficiary of 4Ps? Yes *If Yes, write the 4Ps Household ID Number below*
 No

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Name of Father/Legal Guardian

Last Name	First Name	Middle Name	Occupation
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Mother's Maiden Name

Last Name	First Name	Middle Name	Occupation
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Educational information (Part II)

Last grade level completed <i>(Check only if applicable)</i>								
Elementary			Junior High School			Senior High School		
<input type="checkbox"/> Kinder	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 5	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 11		
<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 10				

Why did you not attend/complete schooling? (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, check the appropriate program:

Basic Literacy A&E Secondary
 A&E Elementary ALS SHS

Have you completed the program? Yes No

If No, state the reason: _____

What learning Modality/ies do you prefer? Choose all that apply.

- Modular (Print) Online Radio-Based Instruction Face to Face
 Modular (Digital) Educational TV Blended

Accessibility and Availability of CLC (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?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What specific time can you be at your Learning Center?							

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.

ALS Teacher/Community ALS Implementor/Learning Facilitator: Signature and Date

Learner: Signature and Date

Not for Sale