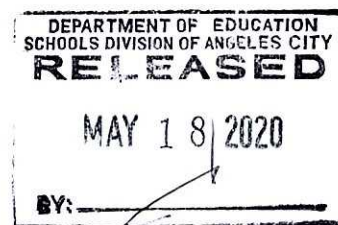




Republic of the Philippines
Department of Education
Region III
SCHOOLS DIVISION OF ANGELES CITY



May 18, 2020

DIVISION MEMORANDUM

No. 116 s. 2020

ENROLLMENT GUIDELINES FOR SY 2020-2021

To: Assistant Schools Division Superintendent
Chief, Curriculum Implementation Division
Chief, School Governance Operations Division
All Heads of Public Elementary and Secondary Schools

1. With reference to DepEd Order No. 7, s. 2020 entitled "School Calendar and Activities for SY 2020-2021", please be informed that schools shall conduct enrollment from June 1-30, 2020 for all learners intending to attend SY 2020-2021. However, there shall be no face-to-face enrollment in light of the COVID 19 pandemic. The following guidelines must be strictly followed during enrollment:

1.1 Learners who were registered during the early registration in February - March 2020 would be automatically enrolled in the grade level where they were registered;

1.2 Learners who were not registered during the early registration in February - March 2020, must be moved up to the next higher level provided they did not have a failing grade in any subject.

Note: In case a learner has failing grades in not more than 2 subjects and has not attended summer classes, he/she will be moved up to the next level and will undergo make-up classes.

1.3 The school head or officially designated teacher/school personnel can text parents for the confirmation of their children's enrolment in the school with the following information: Answer (To enroll or not), name of child, grade level to enroll

1.4 For learners who cannot be reached-out, teacher-in-charge may ask the assistance of the barangay officials to locate the whereabouts of the learners.

1.5 Learners who intend to transfer are requested to coordinate with the following key personnel:

- From private schools – Mr. Glenn P. Sarmiento
- From public schools – Ms. Marilou Q. Castro
- In case of walk-in enrollee/s (which cannot be avoided because of lack of information) – school must have a teacher-in-charge who shall assist the enrollee/s. People involved in face-to-face enrollment (if only the situation calls for it) must strictly follow physical distancing and other health-related protocols.



Address: Jesus Street, Pulungbulu, Angeles City
Telephone No. (045) 322-4101





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2. In addition, enrollees and/or their parents and/or their guardians shall provide information via interview to be conducted by the teacher through the attached enrollment and survey form (Enclosure 4 to DO 7, s. 2020) which intends to collect important information to consider for the adoption of the relevant learning delivery strategies and modalities to further provide support learners for the school year.
3. School heads are encouraged to come up with a massive information campaign in order to ensure that all school-aged children in their respective area/barangay will enroll this School Year 2020-2021.
4. Immediate and wide dissemination of the contents of this Memorandum is earnestly desired.

MA. IRELYN P. TAMAYO PhD, CESE
Assistant Schools Division Superintendent
Officer -in- Charge
Office of the Schools Division Superintendent

CN 2020 - 158



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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 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:

ADDRESS
B18. House Number and Street B19. Barangay

B20. City/ Municipality B21. Province B22. Region

For Learners with Special Education Needs

B14. Does the learner have special education needs?
☐ 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:

C. PARENT/ GUARDIAN INFORMATION

Father	Mother	Guardian
C1. Full Name (surname, full name, middle name) <input type="text"/>	C7. Full Maiden Name (surname, full name, middle name) <input type="text"/>	C13. Full Name (surname, full name, middle name) <input type="text"/>
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	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	C14. 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
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 ECQ <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 ECQ <input type="checkbox"/> Not working	C15. 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 ECQ <input type="checkbox"/> Not working
C4. Working from home due to ECQ? <input type="checkbox"/> Yes <input type="checkbox"/> No	C10. Working from home due to ECQ? <input type="checkbox"/> Yes <input type="checkbox"/> No	C16. Working from home due to ECQ? <input type="checkbox"/> Yes <input type="checkbox"/> No
C5. Contact number/s (cellphone/ telephone) <input type="text"/>	C11. Contact number/s (cellphone/ telephone) <input type="text"/>	C17. Contact number/s (cellphone/ telephone) <input type="text"/>



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 _____
Grade 2 _____ Grade 6 _____ Grade 10 _____ (ie college, vocational,
Grade 3 _____ Grade 7 _____ Grade 11 _____ etc)

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

- ☐ parents/ guardians ☐ others (tutor, house helper)
☐ elder siblings ☐ none
☐ grandparents ☐ able to do independent learning
☐ extended members of the family

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

- ☐ cable TV ☐ radio
☐ non-cable TV ☐ desktop computer
☐ basic cellphone ☐ laptop
☐ smartphone ☐ none
☐ 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.

- ☐ online learning ☐ modular learning
☐ television ☐ combination of face to face
☐ radio ☐ with other modalities
☐ others: _____

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

- ☐ lack of available gadgets/ equipment ☐ conflict with other activities (i.e., house chores)
☐ insufficient load/ data allowance ☐ high electrical consumption
☐ unstable mobile/ internet connection ☐ distractions (i.e., social media, noise from
existing health condition/s community/neighbor)
☐ difficulty in independent learning ☐ others: _____

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

DATE OF FIRST ATTENDANCE
(Month/Day/Year)

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Grade Level _____

Track (for SHS) _____



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