



Republic of the Philippines  
**Department of Education**  
NATIONAL CAPITAL REGION



June 05, 2025

**REGIONAL MEMORANDUM**

No. 492, s. 2025

**To:** Schools Division Superintendents  
Public and Private Elementary and Secondary School Heads  
All Others Concerned

**INFORMATION ON EXISTING ENROLLMENT GUIDELINES AND THE  
REVISED BASIC EDUCATION ENROLLMENT GUIDELINES  
FOR SCHOOL YEAR 2025-2026**

1. This is in reference to the attached **Memorandum STR-250321-1338 (Enclosure No. 1)** dated June 03, 2025 signed by Assistant Secretary, Strategic Management concurrent Officer-in-Charge, Office of the Undersecretary for Strategic Management, **Roger B. Masapol** relative to **Online Orientation with Regional Offices (ROs) and Schools Division Offices (SDOs) on the Revised Basic Education Enrollment Guidelines** that participated both RPOs and DPOs.
2. In view thereof, the Department of Education issued this Memorandum for the provision of information and guidance to all public schools, and Community Learning Centers (CLCs) on the enrollment procedures and protocols for SY 2025-2026 that is parallel and congruent to the existing DepEd Orders such as **DO 003, s. 2018; DO No. 020, s. 2018; DO No. 027, s. 2019; DO 08, s. 2020; DO 32 s. 2021; DO No. 35, s. 2022; DO No. 10, s. 2023; DO No. 09, s. 2024; and DO No. 15 s. 2025 "Revised Basic Education Enrollment Guidelines" (Enclosure No. 2).**
3. In addition, the Policy, Planning and Research Division (PPRD) will hold Technical Assistance to the SDO level for better implementation of new issuance. Meanwhile, this Office instructed the Schools Division Offices to conduct Orientation with the School Heads and concerned personnel as part of the Enrollment Team. All principals and administrators of private elementary and secondary schools are highly recommended to attend. The access to video recording is highly recommended for future reference.
4. The objectives of the intended orientation to be rendered by the Division Planning Officers III: ***a, to introduce the general guidelines and existing legalities in enrollment for SY 2025-2026; b, to discuss and familiarize the newly Revised Basic Education Enrollment Guidelines; c, to empower the highly intensified data collection; d, to intensify the data-driven enrollment system on the prescribed time through online daily enrollment report.***



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Effectivity	01.26.23	Page	1 of 1





Republic of the Philippines  
**Department of Education**  
NATIONAL CAPITAL REGION

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12. For additional information, please contact the Policy, Planning, and Research Division via email: [pprd.ncr@deped.gov.ph](mailto:pprd.ncr@deped.gov.ph)
13. For information and guidance of all concerned.

**JOCELYN DR ANDAYA**

Regional Director, NCR

concurrent Officer-In-Charge, Office of the  
Assistant Secretary for Operation

Encl.: As stated

PPRD/hdv





Republic of the Philippines  
**Department of Education**

OFFICE OF THE UNDERSECRETARY FOR STRATEGIC MANAGEMENT  
(POLICY, PLANNING, AND MONITORING & EVALUATION)

STR-250321-1338

**MEMORANDUM**

**FOR** : **ALL REGIONAL DIRECTORS**  
**ALL SCHOOLS DIVISION SUPERINTENDENTS**

**FROM** : **ROGER B. MASAPOL**  
Assistant Secretary, Strategic Management  
Officer-In-Charge  
Office of the Undersecretary for Strategic Management *wp*

**SUBJECT** : **ONLINE ORIENTATION WITH REGIONAL OFFICES (ROs) AND**  
**SCHOOLS DIVISION OFFICES (SDOs) ON THE REVISED BASIC**  
**EDUCATION ENROLLMENT GUIDELINES**

**DATE** : 03 JUNE 2025

Consistent with the mandate of the Department of Education (DepEd) to provide education services to Filipino children and youth, DepEd established the Basic Education Enrollment Policy through DepEd Order (DO) No. 3, s. 2018 to unify the enrollment process in the basic education section—ensuring that no learners are deprived of their right to education regardless of their circumstance.

However, in response to the emerging challenges, documentary requirements and delays in the transmission of learners' records, a comprehensive review of related policies was conducted. In line with this, the Revised Basic Education Enrollment Policy was issued.

Corollary to this, the **Policy and Planning Service invites at least one (1) representative** from each of the identified offices in all Regional Offices (ROs) and Schools Division Offices (SDOs) for an online orientation in the schedule indicated in the table below. Specifically, the orientation aims to (1) discuss the new provisions in the policy, (2) present the changes in the enrollment form, and (3) guide the field offices in the implementation of the new enrollment guidelines.

Date/Time	Office
<b>JUNE 5, 2025</b> 9:00 AM – 12:00 NN	<b>Regional Office</b> <ul style="list-style-type: none"><li>• Policy, Planning, and Research Division</li><li>• Quality Assurance Division (Private School Focal)</li><li>• Curriculum and Learning Management Division (ALS Focal, Kindergarten Focal, Private School Focal)</li></ul>

	<b>Schools Division Office</b> <ul style="list-style-type: none"> <li>• School Governance and Operations Division – Planning Officer</li> <li>• Curriculum Implementation Division (ALS Focal, SNED Focal, Private School Focal)</li> </ul>
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Kindly confirm your attendance through this link <https://bit.ly/RevEnrollmentOrye2025>. Upon confirmation, the meeting link shall be sent to the corresponding email address provided on the form. For further queries and clarifications, please contact PPS-PRDD through email address at [ps.prd@deped.gov.ph](mailto:ps.prd@deped.gov.ph).

For consideration and appropriate action. Thank you.



Republic of the Philippines  
**Department of Education**

DepEd ORDER  
No. 015, s. 2025

JUN 04 2025

**AMENDMENT TO DEPED ORDER NO. 47, s. 2016**  
(Omnibus Policy on Kindergarten Education)  
**AS AMENDED BY DEPED ORDER NO. 020, s. 2018**

To: Undersecretaries  
Assistant Secretaries  
Bureau and Service Directors  
Regional Directors  
Schools Division Superintendents  
Public and Private Kindergarten and Elementary School Heads  
All Others Concerned

1. Republic Act (RA) No. 10157, titled Kindergarten Education Act of 2012, mandates the equal opportunity for all children to avail themselves of accessible, mandatory, and compulsory kindergarten education. RA 10157 and RA 10533 (Enhanced Basic Education Act of 2013) provide that Kindergarten education refers to one year of preparatory education for children at least five years old as a prerequisite for Grade 1.

2. For the interest of the Filipino children and to improve access to Kindergarten education, the Department of Education (DepEd) issues this Order to amend **paragraph 15-A of Section VI** (Enrolment Procedures) of DepEd Order (DO) No. 47, s. 2016, as amended by DO 020 s. 2018 to read as follows:

**VI. Enrollment Procedures**

**15. All regional directors, schools division superintendents, and school heads of both public and private schools are directed to accept children in accordance with the following guidelines starting the school year 2025-2026:**

**A. Age qualification for Kindergarten learners should be five years old by October 31 of every calendar year. However, the school may consider learners entering Kindergarten who will turn five years old from November 1 to December 31 on the condition that the learner shall:**

- i. Have completed an Early Childhood Care and Development (ECDD) Program for one (1) school year. Parents/legal guardians shall provide copies of the Certificate of Completion/Attendance of the learner's previous ECCD program experience from a public or private Child Development Centers (CDCs)/Learning Centers (LCs) that are granted with permit or recognition; or**

- ii. Undergo the Philippine Early Childhood and Development (ECD) Checklist during the enrollment period until the first week of the school year in order to ensure that the learner is capable of meeting the expectations of the kindergarten level. The ECD checklist shall be administered by the Kindergarten teachers of the receiving school, and the results shall be the basis of the school in admission to Kindergarten. Further, the accomplished checklist shall form part of the records of the learner."

3. To support the implementation of this policy, the National Educator's Academy of the Philippines with concerned DepEd offices shall provide continuing training for kindergarten teachers in supporting young learners.

4. This Order repeals DepEd Order 20, s. 2018. All provisions stated in DepEd Order Nos. 47, s. 2016 and 03, S. 2018, not affected by these changes shall remain in effect. Moreover, all other provisions and related issuances that are inconsistent with this Order are deemed repealed, rescinded, or amended accordingly.

5. This Order shall take effect immediately upon its approval, issuance, and publication on the DepEd website. This shall be registered with the Office of the National Administrative Register (ONAR) at the University of the Philippines Law Center (UP LC), UP Diliman, Quezon City.

6. For more information on this policy, please contact the **Bureau of Learning Delivery-Teaching and Learning Division**, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City through email at [bld.tld@deped.gov.ph](mailto:bld.tld@deped.gov.ph).

7. Immediate dissemination of and strict compliance with this Order is directed.



  
**SONNY ANGARA**  
Secretary

References:

DepEd Order (Nos. 20 and 03, s. 2018; and 47, s. 2016)

To be indicated in the Perpetual Index  
under the following subjects:

ADMISSION  
AMENDMENT  
ENROLLMENT  
KINDERGARTEN EDUCATION  
LEARNERS  
POLICY  
STRAND: Curriculum and Teaching



# BASIC EDUCATION ENROLLMENT FORM

THIS FORM IS NOT FOR SALE

Revised as of 05/15/2025

**Instructions:** Print legibly all information required in CAPITAL letters and check all appropriate boxes. Submit accomplished form to the Person-in-Charge/Registrar/Class Adviser. Use black or blue pen only.

1. School Year     -

Learner Reference No. (LRN), if applicable:

2. Grade Level to Enroll:

☐ Graded, specify Grade Level

☐ Non-Graded (For Special Needs Education (SNEd) Only)

For Kindergarten Enrollees:

☐ Does the learner have attended any Early Learning Program? If yes, please specify:

## 3. Learner's Personal Information

PSA Birth Certificate No. (If available upon registration)	
Last Name	
<input type="text"/>	
First Name	
<input type="text"/>	
Middle Name	
<input type="text"/>	
Extension Name e.g. Jr., III (If applicable)	
<input type="text"/>	
Birthdate (mm/dd/yyyy)	
<input type="text"/>	
Age	
<input type="text"/>	
Sex	
<input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (Municipality/City)	
<input type="text"/>	
Religion	
<input type="text"/>	
Mother Tongue	
<input type="text"/>	
Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: <input type="text"/>	
Is your family a beneficiary of 4Ps? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please write the 4Ps Household ID Number	
<input type="text"/>	
Current Address	
House No.	Sitio/Street Name
<input type="text"/>	<input type="text"/>
Municipality/City	Province
<input type="text"/>	<input type="text"/>
Country	Zip Code
<input type="text"/>	<input type="text"/>
Permanent Address	
Same with your Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, proceed to item 4	
House No.	Sitio/Street Name
<input type="text"/>	<input type="text"/>
Municipality/City	Province
<input type="text"/>	<input type="text"/>
Country	Zip Code
<input type="text"/>	<input type="text"/>

## 4. Parent's/Guardian's Information

Father's Name			
Last Name	First Name	Middle Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Maiden Name			
Last Name	First Name	Middle Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal Guardian's Name			
Last Name	First Name	Middle Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Is the Learner under the Special Needs Education Program? ☐ Yes ☐ No

If Yes, check only 1, either from a1 or a2

**a1. With Diagnosis from Licensed Medical Specialist:**

<input type="checkbox"/> Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Special Health Problem/Chronic Disease
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Cancer <input type="checkbox"/> Non-Cancer
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional-Behavior Disorder	<input type="checkbox"/> Orthopedic/Physical Handicap	<input type="checkbox"/> Blind <input type="checkbox"/> Low Vision
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Speech/Language Disorder	

**a2. With Manifestations**

<input type="checkbox"/> Difficulty in Applying Knowledge	<input type="checkbox"/> Difficulty in Mobility (Walking, Climbing and Grasping)
<input type="checkbox"/> Difficulty in Communicating	<input type="checkbox"/> Difficulty in Performing Adaptive Skills (Self-Care)
<input type="checkbox"/> Difficulty in Displaying Interpersonal Behavior (Emotional and Behavioral)	<input type="checkbox"/> Difficulty in Remembering, Concentrating, Paying Attention and Understanding
<input type="checkbox"/> Difficulty in Hearing	<input type="checkbox"/> Difficulty in Seeing

b. Does the Learner have a PWD ID? ☐ Yes ☐ No

**6. For Returning Learner (Balik-Aral) and those who will Transfer/Move In**

Last Grade Level Completed	Last School Year Completed						
Last School Attended	School ID <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

**7. For Learner in Senior High School**

Semester <input type="checkbox"/> 1st <input type="checkbox"/> 2nd
Track:
Strand:

8. If the school will implement other distance learning modalities aside from face-to-face instruction, what would you prefer for your child?

Check all that applies:			
<input type="checkbox"/> Blended (Combination)	<input type="checkbox"/> Homeschooling	<input type="checkbox"/> Modular (Print)	<input type="checkbox"/> Radio-Based Television
<input type="checkbox"/> Educational Television	<input type="checkbox"/> Modular (Digital)	<input type="checkbox"/> Online	

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





Department of Education

Region: \_\_\_\_\_

Division: \_\_\_\_\_

School ID: \_\_\_\_\_

School Name: \_\_\_\_\_

**CONFIRMATION SLIP**

Name of Learner: \_\_\_\_\_

Learner's Reference No: \_\_\_\_\_

Grade Level to Enroll: \_\_\_\_\_

Parent's or \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Do you confirm the enrollment of the learner in this school  
for SY ☐ - ☐ ? ☐ YES ☐ NO

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date



Department of Education

Region: \_\_\_\_\_

Division: \_\_\_\_\_

School ID: \_\_\_\_\_

School Name: \_\_\_\_\_

**CONFIRMATION SLIP**

Name of Learner: \_\_\_\_\_

Learner's Reference No: \_\_\_\_\_

Grade Level to Enroll: \_\_\_\_\_

Parent's or \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Do you confirm the enrollment of the learner in this school  
for SY ☐ - ☐ ? ☐ YES ☐ NO

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date



Department of Education

Region: \_\_\_\_\_

Division: \_\_\_\_\_

School ID: \_\_\_\_\_

School Name: \_\_\_\_\_

**CONFIRMATION SLIP**

Name of Learner: \_\_\_\_\_

Learner's Reference No: \_\_\_\_\_

Grade Level to Enroll: \_\_\_\_\_

Parent's or \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Do you confirm the enrollment of the learner in this school  
for SY ☐ - ☐ ? ☐ YES ☐ NO

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date



Department of Education

Region: \_\_\_\_\_

Division: \_\_\_\_\_

School ID: \_\_\_\_\_

School Name: \_\_\_\_\_

**CONFIRMATION SLIP**

Name of Learner: \_\_\_\_\_

Learner's Reference No: \_\_\_\_\_

Grade Level to Enroll: \_\_\_\_\_

Parent's or \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Do you confirm the enrollment of the learner in this school  
for SY ☐ - ☐ ? ☐ YES ☐ NO

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date



**MODIFIED ALS ENROLLMENT FORM**  
**(AF2) Learner's Basic Profile**  
 THIS FORM IS NOT FOR SALE.



Revised as of 02/12/2024  
 ANNEX 2

**Instructions:** Print legibly all information required in CAPITAL letters and check all appropriate boxes. Submit accomplished form to the Person-in-Charge/ALS Teacher/Community ALS Implementor/Learning Facilitator. Use black or blue pen only.

Date: (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Learner Reference No. (LRN)? If available:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**1. Learner's Personal Information**

Last Name															Birthdate (mm/dd/yyyy)																																							
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Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community?															Religion																																							
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Is your family a beneficiary of 4Ps? <input type="checkbox"/> Yes <input type="checkbox"/> No															Mother Tongue																																							
If Yes, please write the 4Ps Household ID Number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																			Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <input type="checkbox"/> Solo Parent																			
Current Address																																																						
House No.					Sitio/Street Name										Barangay																																							
Municipality/City					Province										Country										Zip Code																													
Permanent Address															Same with your Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, proceed to item 2.																																							
House No.					Sitio/Street Name										Barangay																																							
Municipality/City					Province										Country										Zip Code																													

**2. Parent's/Guardian's Information**

Father's Name			
Last Name	First Name	Middle Name	Occupation
Mother's Maiden Name			
Last Name	First Name	Middle Name	Occupation
Legal Guardian's Name			
Last Name	First Name	Middle Name	Occupation

a. Is the Learner PWD? ☐ Yes ☐ No

If Yes, specify the type of disability

<input type="checkbox"/> Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Special Health Problem/Chronic Disease
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Cancer <input type="checkbox"/> Non-Cancer
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional-Behavior Disorder	<input type="checkbox"/> Orthopedic/Physical Handicap	<input type="checkbox"/> Blind <input type="checkbox"/> Low Vision
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Speech/Language Disorder	

b. Does the Learner have a PWD ID? ☐ Yes ☐ No

### 3. Educational Information

Last grade level completed (Check only if applicable)		
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 2 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11

<p>Why did you not attend/complete schooling (For OSY only)</p> <p><input type="checkbox"/> No school in barangay</p> <p><input type="checkbox"/> School too far from home</p> <p><input type="checkbox"/> Needed to help family</p> <p><input type="checkbox"/> Unable to pay for miscellaneous and other expenses</p> <p><input type="checkbox"/> Others: (Pls specify) _____</p>	<p>Have you attended ALS learning sessions before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, check the appropriate program:</p> <p><input type="checkbox"/> Basic Literacy <input type="checkbox"/> A&amp;E Secondary</p> <p><input type="checkbox"/> A&amp;E Elementary <input type="checkbox"/> ALS SHS</p> <p>Have you completed the program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, state the reason: _____</p>
---	---

### 4. Accessibility and Availability of CLC

1. How far is your home to your Learning Center? in kms _____ in hours and mins. _____						
2. How do you get from your home to your Learning Center?						
<input type="checkbox"/> Walking <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Others (Please specify) _____						
3. Please provide the specific day and time you can be at your Learning Center.						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

5. If the school will implement other distance learning modalities aside from face-to-face instruction, what would you prefer for the learner:

Check all that applies:			
<input type="checkbox"/> Blended (Combination)	<input type="checkbox"/> Homeschooling	<input type="checkbox"/> Modular (Print)	<input type="checkbox"/> Radio-Based Television
<input type="checkbox"/> Educational Television	<input type="checkbox"/> Modular (Digital)	<input type="checkbox"/> Online	

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I authorize the Department of Education to utilize the details specified above for the purpose of creating and/or updating his/her 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 and Date

\_\_\_\_\_  
ALS Teacher/Community ALS Implementor/Learning Facilitator  
Signature over Printed Name and Date