



**LA SALLE UNIVERSITY**  
**BASIC EDUCATION**  
**JUNIOR HIGH SCHOOL**

Abanil Extension, Aguada, Ozamiz City, Philippines 7200  
 Telephone Number: (088) 521-5150 loc. 124/ www.lsu.edu.ph

<b><u>EXAM</u></b> <b><u>RESULT</u></b>	To be signed by the Enrolling Officer after enrollment Validated by:  _____  _____ Date
--	---

**APPLICATION FOR ENROLLMENT**  
 SY 2021 - 2022

ID #: \_\_\_\_\_

**GRADE 7**

Old/Transferee/Returnee/New

**Credentials submitted**

- Form 138 (Original Report Card)  
 PSA Birth Certificate (Photocopy 2copies)  
 Good Moral Certificate  
 ESC/Voucher Certificate  
 2x2 I.D Picture  Form 137-A

**Scholarship**

- Employee's Child  
 Grade 6 **Rank 1**  
 Grade 6 **Rank 2**  
 Others: \_\_\_\_\_  
 **LRN#:** \_\_\_\_\_

**I. STUDENT INFORMATION SHEET**

NAME: \_\_\_\_\_ Gender:  Male  Female  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
House/Apt/Lot.No/Street Brgy/Village/Sitio City/Municipality Province

Phone/Mobile #: \_\_\_\_\_ Mother Tongue/Most frequently used \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

Other Languages Spoken by the learner at home or in the community \_\_\_\_\_

Ethnicity \_\_\_\_\_ Foreign Languages Spoken  None  Yes (Please specify) \_\_\_\_\_

Member of Indigenous Peoples Community/Indigenous Cultural Community  Yes  No

**II. FAMILY INFORMATION**

Name of Father: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Last Name First Name Middle Name

Name of Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Last Name First Name Middle Name

Name of Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
House/Apt/Lot.No/Street Brgy/Village/Sitio City/Municipality Province

Brothers and sisters enrolled in La Salle University \_\_\_\_\_ Grade Level / Course \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. EDUCATIONAL BACKGROUND**

School last attended: \_\_\_\_\_  
 Address: \_\_\_\_\_ Honors obtained: \_\_\_\_\_

Junior High School Completed From: \_\_\_\_\_  
 Address: \_\_\_\_\_ Honors obtained: \_\_\_\_\_

This is to certify that I am willing to abide by the school's policies, rules and regulations during my stay in this school.

This is to certify further that all information above is true and correct.

\_\_\_\_\_  
 Student's Signature Date: \_\_\_\_\_

Attested by:

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

To be signed by the Enrolling Officer after enrollment Validated by:  _____ Date: _____
---

**IV. PARENT GUARDIAN INFORMATION**

<b>Father</b>	<b>Mother</b>	<b>Guardian</b>
1. Full Name (last name, first name, middle name) <hr/>	2. Full Maiden Name (last name, first, middle name) <hr/>	3. Full Name (last name, first name, middle name) <hr/>
<i>Highest Educational Attainment</i> [ ] Elementary graduate [ ] High School graduate [ ] College graduate [ ] Vocational [ ] Master's/Doctoral degree [ ] Did not attend school [ ] Others _____	<i>Highest Educational Attainment</i> [ ] Elementary graduate [ ] High School graduate [ ] College graduate [ ] Vocational [ ] Master's/Doctoral degree [ ] Did not attend school [ ] Others _____	<i>Highest Educational Attainment</i> [ ] Elementary graduate [ ] High School graduate [ ] College graduate [ ] Vocational [ ] Master's/Doctoral degree [ ] Did not attend school [ ] Others _____
<i>Employment Status</i> [ ] Full time [ ] Part time [ ] Self-employed (i.e. family business) [ ] Unemployed due to community quarantine [ ] Not working  Working from home due to community quarantine? [ ] Yes [ ] No  Is your family a beneficiary of [ ] Yes [ ] No [ ] 4P's?	<i>Employment Status</i> [ ] Full time [ ] Part time [ ] Self-employed (i.e. family business) [ ] Unemployed due to community quarantine [ ] Not working  Working from home due to community quarantine? [ ] Yes [ ] No	<i>Employment Status</i> [ ] Full time [ ] Part time [ ] Self-employed (i.e. family business) [ ] Unemployed due to community quarantine [ ] Not working  Working from home due to community quarantine? [ ] Yes [ ] No

**V. HOUSEHOLD CAPACITY AND ACCESS TO DISTANCE LEARNING**

- How does your child go to school? Choose all that applies.  
[ ] walking [ ] public commute (water/land) [ ] family-owned vehicle [ ] school service
- Does many of your household members (including the enrollee) are studying in School Year 2021-2022? Please specify each.  
[ ] Kinder [ ] Grade 1 [ ] Grade 2 [ ] Grade 3 [ ] Grade 4 [ ] Grade 5 [ ] Grade 6  
[ ] Grade 7 [ ] Grade 8 [ ] Grade 9 [ ] Grade 10 [ ] Grade 11 [ ] Grade 12 [ ] others
- Who among the household members can provide instructional support to the child's distance learning? Choose all types.  
[ ] parents/guardians [ ] others (tutor, house helper)  
[ ] elder siblings [ ] none  
[ ] grandparents [ ] able to do independent learning  
[ ] extended members of the family
- What devices are available at home that the learner can use for learning? Check all that applies.  
[ ] cable TV [ ] radio  
[ ] non-cable TV [ ] laptop  
[ ] basic cellphone [ ] laptop  
[ ] smartphone [ ] none  
[ ] tablet [ ] others: \_\_\_\_\_
- Do you have a way to connect to the internet?  
[ ] Yes [ ] No (if NO, proceed to #7)
- 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
- 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 with other modalities  
[ ] radio [ ] others: \_\_\_\_\_
- 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 [ ] no or lack of available space for studying  
[ ] unstable mobile/internet connection [ ] distractions (i.e., social media, noise from community/neighbor)  
[ ] existing health condition/s [ ] others: \_\_\_\_\_  
[ ] 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