



# LA SALLE UNIVERSITY BASIC EDUCATION

Abanil Extension, Aguada, Ozamiz City, Philippines 7200

<b><u>EXAM RESULT</u></b>	<b><u>Credentials submitted</u></b>
	<input type="checkbox"/> Form 138 (Original Report Card) <input type="checkbox"/> PSA Birth Certificate (Photocopy) <input type="checkbox"/> 1 pc. 2 X 2 ID pictures <input type="checkbox"/> Others:

## APPLICATION FOR ENROLLMENT

### PRE-SCHOOL

SY 2021 - 2022

## UNIVERSAL KINDER

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

To be signed by the Enrolling Officer after enrollment Validated by: _____ Date: _____
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\_\_\_\_\_  
Signature Over Printed Name of Parent/Guardian

ACCREDITED – *Philippine Accrediting Association of Schools, Colleges and Universities (PAASCU) LEVEL III*  
 MEMBER – *De La Salle Philippines (DLSP)*  
 MEMBER – *Asia Europe Foundation (ASEF CLASSNET)*  
 MEMBER – *Southeast Asian Ministry of Education Organization (SEAMEO)*  
 CERTIFIED – *Fund For Assistance to Private Education (FAPE)/*  
*Private Education Assistance Committee (PEAC)*  
 PARTNER – *National Commission for Culture and Arts (NCCA)*  
 PARTNER – *Philippines Educational Theater Association (PETA ARTSZone)*  
 PARTNER – *Cultural Center of the Philippines (CCP)*

#### **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> <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/Doctoral degree <input type="checkbox"/> Did not attend school <input type="checkbox"/> Others _____	<i>Highest Educational Attainment</i> <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/Doctoral degree <input type="checkbox"/> Did not attend school <input type="checkbox"/> Others _____	<i>Highest Educational Attainment</i> <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/Doctoral degree <input type="checkbox"/> Did not attend school <input type="checkbox"/> Others _____
<i>Employment Status</i> <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 community quarantine <input type="checkbox"/> Not working  Working from home due to community quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is your family a beneficiary of <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 4P's?	<i>Employment Status</i> <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 community quarantine <input type="checkbox"/> Not working  Working from home due to community quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Employment Status</i> <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 community quarantine <input type="checkbox"/> Not working  Working from home due to community quarantine? <input type="checkbox"/> Yes <input type="checkbox"/> 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