TECHNICAL EDUCATION ENROLLMENT FORM

THIS FORM IS NOT FOR SALE.

ANNEX 1

Check the appropriate box only:

School Year: ☐☐☐☐ - ☐☐☐☐ ☐ No LRN ☐ With LRN ☐ Returning (Balik-Aral)

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

STUDENT INFORMATION

PSA Birth Certificate No. _____

Learner Reference No. (LRN) ☐☐☐☐☐☐☐☐☐☐☐

LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MIDDLE NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

EXTENSION NAME e.g. Jr., III (if applicable) _____

DATE OF BIRTH (Month/Day/Year) ☐☐/☐☐/☐☐ SEX ☐ MALE ☐ FEMALE AGE ☐☐

Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community? ☐ No ☐ Yes If Yes, please specify:

Mother Tongue

ADDRESS

House Number and Street

Barangay

City/Municipality/Province/Country

Zip Code ☐☐☐☐

PARENT'S/GUARDIAN'S INFORMATION

Father's Name (Last Name, First Name, Middle Name)

Mother's Maiden Name (Last Name, First Name, Middle Name)

Guardian's Name (Last Name, First Name, Middle Name)

Telephone No. _____

Cellphone No. _____

For Returning Learners (Balik-Aral) and Those Who Shall Transfer/Move In

Last Competency Level Completed _____ Last School Year Completed _____

School Name _____ School ID ☐☐☐☐☐☐

School Address _____

For Learners in Senior High School

Semester ☐ 1st Sem ☐ 2nd Sem

NC: _____ Course/NC (if any) _____

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 Date

For use of TVET Personnel Only. To be filled up by the Learning Facilitator/ Processing Officer.

DATE OF FIRST ATTENDANCE (Month/Day/Year) ☐☐/☐☐/☐☐☐☐

NC/ _____ Course/Major _____

PLTCI