

Republic of the Philippines
 Department of Education
ALTERNATIVE LEARNING SYSTEM
ALS ENROLMENT FORM (AF2)
Learner's Basic Profile



Date: _____ LRN _____

Personal Information (Part I)

Last Name	First Name	Middle Name	Name Extension
Address: _____			
No./Street	Barangay	Municipality	Province
Birthdate:mm/dd/yyyy/: _____/_____/_____		Birthplace: _____	
Sex: ___male ___female Civil Status: ___Single ___Married ___Widow/er ___Separated ___Solo Parent			
Religion: _____ IP (ethnic group) _____ Mother Tongue _____ PWD: ___yes ___no			
Name of Father/Legal Guardian			
Last Name	First Name	Middle Name	Occupation
Mother's Maiden Name			
Last Name	First Name	Middle Name	Occupation

Educational Information (Part II)

• Last grade level completed
 Elementary K G-1 G-2 G-3 G-4 G-5 G-6
 Secondary : G-7 G-8 G-9 G-10

Why did you drop out of school? (For OSY only)

No school in Barangay School too far from home Needed to help family
 Unable to pay miscellaneous and other expenses Others(please specify) _____

Have you attended ALS learning sessions before? ___ yes ___ no If yes:

Name of the Program: _____ Literacy Level: ___ Basic ___Elem ___Sec ___Infed

Year Attended: _____ Have you completed the program? (yes/no) _____

If NO, state the reason: _____

Accessibility and Availability (Part III)

How far is it from your home to your learning center? _____ in kms _____ in hrs and min

How do you get from your home to your learning center?

When can you attend your Learning Session?

What specific time can you be at your Learning Center?	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
--	--------	---------	-----------	----------	--------	----------

Facilitator Name and Date

Learner Name and Date