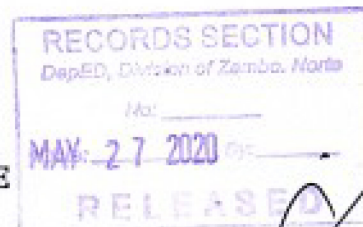




Republic of the Philippines  
Department of Education  
Region IX, Zamboanga Peninsula  
**SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE**  
Capitol Drive, Estaka, Dipolog City 7100



Tel No.: (065) 212-5843

e-mail address: zn.division@deped.gov.ph

Division Memorandum

No. 147, S. 2020

To: Public Schools District Supervisors  
School Heads  
All Others Concerned  
This division

From: **MA. LIZA R. TABILON** EdD, CESO V  
Schools Division Superintendent

Subject: NEW NORMAL ENROLLMENT MECHANISM

Date: May 22, 2020

1. With COVID 19 still posing a clear and present danger in our society, a new normal in the way society conducts its business is imperative.
2. Anent this and in the continuance of its mandate to educate children, the Schools Division of Zamboanga del Norte set forth an enrolment mechanism that adheres to the principle of the "non-contact" and the "limited contact" conduct of business.
3. All schools should set up a School Enrolment Center (SEC) whose function is to consolidate daily enrolment and report the number of enrollees every Wednesday and Friday through the duration of the enrolment period using the Rapid Enrolment Reporting System (RERS) for the Enrolment Quick Count. Refer to Annex 1 for the RERS details. The School IT in-charge shall be assigned as the SEC Officer responsible for the tasks assigned to the SEC.
4. For the "non-contact" enrolment, enrollees can enroll themselves using the internet. as its platform. Enrollees are advised to login to [www.depedzn.net/enrollment](http://www.depedzn.net/enrollment), where they will fill up and submit the enrolment form.



"Be and Do Much Better Each Day with a Sense of Urgency"





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- 
5. For the “limited-contact” enrolment, the schools will leave enrolment forms in the strategic areas in the barangay. With the help of the Barangay LGU, the school will assign personnel who will retrieve the forms on Mondays, Wednesdays and Fridays to be reported to the School Enrolment Center (SEC) for enrolment tracking using the Rapid Enrolment Reporting System (RERS).
  6. For guidance, information and immediate dissemination.

*LAP/EnrolmentMechanism/SGODP&RDM-001-2020/05222020*



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Annex 1

**RAPID ENROLMENT REPORTING**

1. Type obe,School ID,Grade Level,total maleenrolment,total female enrolment.

Example 1:

obe,123456,3,23,35

Sch ID Grade Level Total Male Total Female

Example 1 shows enrolment data  
on Grade 3 (male 23 & female 35)

Example 2:

obe,123456,0,15,20

Example 2 shows enrolment data  
on Kinder (male 15 & female 20)

Grade Level Coding:

0 - Kinder	7 - Grade 7
1 - Grade 1	8 - Grade 8
2 - Grade 2	9 - Grade 9
3 - Grade 3	10 - Grade 10
4 - Grade 4	11 - Grade 11
5 - Grade 5	12 - Grade 12
6 - Grade 6	
13 - Non-Graded	

*Please take note that there are no spaces between entries. The entries are separated by comma.*

2. Send to **09171148316** (After sending your report you will receive a verification).



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# **LEARNER ENROLLMENT AND SURVEY FORM** **THIS FORM IS NOT FOR SALE**

**Instructions:**

1. This enrollment survey shall be answered by the parent/guardian of the learner.
2. Please read the questions carefully and fill in all applicable spaces and write your answers legibly in CAPITAL letters. For items not applicable, write N/A.
3. For questions/clarifications, please ask for the assistance of the teacher/ person-in-charge.

**A. GRADE LEVEL AND SCHOOL INFORMATION**

A1. School Year  -  A2. Check the appropriate boxes only ☐ No LRN ☐ With LRN A3. ☐ Returning (Balk-Aral)

A4. Grade Level to enroll: A7. Last School Attended: A8. School ID: A11. School to enroll in: A12. School ID:

A5. Last grade level completed: A9. School Address: A13. School Address:

A6. Last school year completed: A10. School Type: ☐ Public ☐ Private

**FOR SENIOR HIGH SCHOOL ONLY:**  
 A14. Semester (1<sup>st</sup>/2<sup>nd</sup>): A15. Track: A16. Strand (if any):

**B. STUDENT INFORMATION**

B1. PSA Birth Certificate No. (if available upon enrollment)  B2. Learner Reference Number (LRN)

B3. LAST NAME

B4. FIRST NAME

B5. MIDDLE NAME

B6. EXTENSION NAME e.g. Jr., III (if applicable)

B7. Date of Birth  /  /

B8. Age  B9. Sex ☐ Male ☐ Female

B10. Belonging to Indigenous Peoples (IP) ☐ Yes ☐ No

B11. If yes, please specify:

B12. Mother Tongue:

B13. Religion:

**For Learners with Special Education Needs**

B14. Does the learner have special education needs?  
☐ Yes ☐ No

B15. If yes, please specify:

B16. Do you have any assistive technology devices available at home? (i.e. screen reader, Braille, DAISY)  
☐ Yes ☐ No

B17. If yes, please specify:

**ADDRESS**

B18. House Number and Street B19. Barangay

B20. City/Municipality B21. Province B22. Region

**C. PARENT/ GUARDIAN INFORMATION**

Father	Mother	Guardian
C1. Full Name (surname, full name, middle name)	C7. Full Maiden Name (surname, full name, middle name)	C13. Full Name (surname, full name, middle name)
C2. Highest Educational Attainment <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/Doctorate degree <input type="checkbox"/> Did not attend school	C8. Highest Educational Attainment <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/Doctorate degree <input type="checkbox"/> Did not attend school	C14. Highest Educational Attainment <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/Doctorate degree <input type="checkbox"/> Did not attend school
C3. Employment Status <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 ECG <input type="checkbox"/> Not working	C9. Employment Status <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 ECG <input type="checkbox"/> Not working	C15. Employment Status <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 ECG <input type="checkbox"/> Not working
C4. Working from home due to ECG? <input type="checkbox"/> Yes <input type="checkbox"/> No	C10. Working from home due to ECG? <input type="checkbox"/> Yes <input type="checkbox"/> No	C16. Working from home due to ECG? <input type="checkbox"/> Yes <input type="checkbox"/> No
C5. Contact number/s (cellphone/ telephone)	C11. Contact number/s (cellphone/ telephone)	C17. Contact number/s (cellphone/ telephone)





## D. HOUSEHOLD CAPACITY AND ACCESS TO DISTANCE LEARNING

D1. How does your child go to school? Choose all that applies.

- ☐ walking ☐ public commute (land/ water) ☐ family-owned vehicle ☐ school service

D2. How many of your household members (including the enrollee) are studying in School Year 2020-2021? Please specify each.

- Kinder \_\_\_\_\_ Grade 4 \_\_\_\_\_ Grade 8 \_\_\_\_\_ Grade 12 \_\_\_\_\_  
 Grade 1 \_\_\_\_\_ Grade 5 \_\_\_\_\_ Grade 9 \_\_\_\_\_ Others \_\_\_\_\_  
 Grade 2 \_\_\_\_\_ Grade 6 \_\_\_\_\_ Grade 10 \_\_\_\_\_ (in college, vocational,  
 Grade 3 \_\_\_\_\_ Grade 7 \_\_\_\_\_ Grade 11 \_\_\_\_\_ etc.)

D3. Who among the household members can provide instructional support to the child's distance learning? Choose all that applies.

- ☐ parents/ guardians ☐ others (tutor, house helper)  
☐ elder siblings ☐ none  
☐ grandparents ☐ able to do independent learning  
☐ extended members of the family

D4. What devices are available at home that the learner can use for learning? Check all that applies.

- ☐ cable TV ☐ radio  
☐ non-cable TV ☐ desktop computer  
☐ basic cellphone ☐ laptop  
☐ smartphone ☐ none  
☐ tablet ☐ others: \_\_\_\_\_

D5. Do you have a way to connect to the internet?

- ☐ Yes  
☐ No  
 (# NO, proceed to D7)

D6. 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

D7. 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  
☐ radio ☐ with other modalities  
☐ others: \_\_\_\_\_

D8. 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 ☐ high electrical consumption  
☐ unstable mobile/ internet connection ☐ distractions (i.e., social media, noise from  
☐ existing health condition/s community/neighbor)  
☐ difficulty in independent learning ☐ others: \_\_\_\_\_

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

For use of DepEd Personnel Only. To be filled up by the Class Adviser.

DATE OF FIRST ATTENDANCE

(Month/Day/Year)

/  /

Grade Level

Track (for SHS)

