FORM 1

DEPARTMENT OF EDUCATION EARLY REGISTRATION FORM

School ID:School Name:		Region:		
School Name.		Division: School District:		
	Kindergarten /Grade /Year Level	_		

NAME	SEX	AGE	BIRTHDATE	Address	CATEGORY OF C/Y WITH DISABILITY** (for Children and Youth with Disabilities only)	Remarks*

Remarks*:

- 1. For Grade 1 Registrants: Has attended/not attended Kindergarten class
- 2. For ALS: Information whether the child/youth prefers to learn through the ADM = alternative delivery mode (MISOSA, e-IMPACT, DORP) or ALS = alternative learning system

Category of C/Y with Disability**: Visual Impairment, Hearing Impairment, Intellectual Disability, Learning Disability, Speech/Language Impairment, Serious Emotional Disturbance, Autism, Orthopedic Impairment, Special Health Problem, Multiple Disabilities.