



Republic of the Philippines
Department of Education
Region VI-Western Visayas
SCHOOLS DIVISION OF KABANKALAN CITY

DIVISION MEMORANDUM

No. 170, s. 2024

JUL 03 2024

ENROLLMENT GUIDELINES FOR SCHOOL YEAR 2024-2025

To: OIC Asst. Schools Division Superintendent
Chiefs, CID and SGOD
Public Schools District Supervisors
Public and Private Elementary and Secondary School Heads
All Others Concerned

1. In adherence to DepEd Memorandum, No. 032, s. 2024 titled **Enrollment Guidelines For SY 2024-2025 dated June 25, 2024**, this Office reminds all schools to comply with DepEd Order No. 003, s. 2024 titled Amendment to DepEd Order No. 022, s. 2023 (Implementing Guidelines on the School Calendar and Activities for the School Year 2023-2024). SY 2024-2025 shall start on July 29, 2024, hence, the conduct of enrollment in all public schools shall be on **July 3-26, 2024**.
2. All public and private elementary and secondary schools offering basic education and community learning centers (CLCs) shall report the official daily enrollment @ **2:00 P.M. through this link <https://ln.run/I-75E>**. The following forms shall be used:
 - a. Basic Education Enrollment Form (Enclosure No. 1)
 - b. Confirmation Slip (Enclosure No. 2)
 - c. Modified Alternative Learning System (ALS) Enrollment Form (Enclosure No. 3)
3. The following documentary requirements to be submitted to schools and Community Learning Centers (CLs) **on or before October 31, 2024** are the following:
 - a. In the absence of a Philippine Statistics Authority (PSA) Birth Certificate, the parent or guardian must submit a Birth Certificate (late registration) from the local civil registrar
 - b. Barangay Certification containing the basic information of the child such as: (a) name of the child (first name, middle name and last name); (b) name of parents; (c) date of birth; and (d) sex, may be submitted.
4. Moreover, all public elementary and secondary schools are reminded to adhere strictly to DepEd Order No. 19, s. 2008 titled **Implementation of No Collection Policy in All Public Elementary and Secondary Schools** regarding the authorized but voluntary fee collections. No payment collections shall be made as pre-requisite for the enrollment of learners particularly in the public schools.
5. Furthermore, authorities of public and private schools are instructed to strictly enforce and implement the Kindergarten cut-off age as stipulated in DepEd Order No. 20, s. 2018;

“Age qualification for Kindergarten learners in both public and private schools should be five (5) years old by June 1 of every calendar year, However, the school may consider learners entering Kindergarten who will turn five (5) years old by the end of August on the condition that the Philippine Early Childhood Development (ECD) Checklist must be administered to the learner prior to the start of the opening of the school



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year, to ensure that the learner is capable of meeting the expectations of the grade level. Parents may provide documentation and/or certification of the learner's previous Early Childhood Education (ECE) experiences (i.e., preschool, day care, pre-Kindergarten) in addition to the results of the Philippine ECD Checklist."

"For schools commencing their school year beyond June, the requirement that Kindergarten learners should be five (5) years old by June 1 and the extension period ending on August 31 shall be adjusted. For schools commencing their school year in July, Kindergarten learners should be five (5) years old by July 1 and the extension period shall be until September 30. For schools commencing their school year in August, Kindergarten learners should be five (5) years old by August 1 and the extension period shall be until October 31."

6. In addition, schools shall not compel learners and/or their parents/legal guardians to take responsibility in the transmission of learners' records, only the authorized personnel of the schools shall transmit the learners' records.
7. School heads shall facilitate the conduct of advocacy campaigns within their respective jurisdictions to inform the general public and encourage parents/legal guardians of prospective learners to enroll their school-aged children for SY 2024-2025
8. For questions regarding this communication, send SMS (text) to Rebonie F. Emboltorio, PhD, SEPS-PRU at 09199469114, Arnie G. Besas, PO III at 09638804002.
9. Immediate dissemination of and compliance with this Memorandum are highly desired.

MICHELL L. ACOYONG, CESO VI
Assistant Schools Division Superintendent
Officer In-Charge
Office of the Schools Division Superintendent



BASIC EDUCATION ENROLLMENT FORM

THIS FORM IS NOT FOR SALE

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

1. School Year -

Learner Reference No. (LRN)? If applicable:

2. Grade Level to Enroll:

Graded, specify Grade Level

Non-Graded (For Special Needs Education (SNEd) Only)

3. Learner's Personal Information

PSA Birth Certificate No. (If available upon registration) _____	
Last Name <input type="text"/>	Birthdate (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
First Name <input type="text"/>	Age <input type="text"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name <input type="text"/>	Place of Birth (Municipality/City) <input type="text"/>
Extension Name e.g. Jr., III (If applicable) <input type="text"/>	Religion <input type="text"/>
Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____	Mother Tongue <input type="text"/>
Is your family a beneficiary of 4Ps? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please write the 4Ps Household ID Number <input type="text"/>	
Current Address	
House No.	Sitio/Street Name
Municipality/City	Province
Country	Barangay
Permanent Address	Same with your Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, proceed to item 4
House No.	Sitio/Street Name
Municipality/City	Province
Country	Barangay
	Zip Code

4. Parent's/Guardian's Information

Father's Name			
Last Name	First Name	Middle Name	Contact Number
Mother's Maiden Name			
Last Name	First Name	Middle Name	Contact Number
Legal Guardian's Name			
Last Name	First Name	Middle Name	Contact Number

5. Is the Learner under the Special Needs Education Program? Yes No

If Yes, check only 1, either from a1 or a2

a1. With Diagnosis from Licensed Medical Specialist:

<input type="checkbox"/> Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Special Health Problem/Chronic Disease
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Cancer <input type="checkbox"/> Non-Cancer
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional-Behavior Disorder	<input type="checkbox"/> Orthopedic/Physical Handicap	<input type="checkbox"/> Blind <input type="checkbox"/> Low Vision
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Speech/Language Disorder	

a2. With Manifestations

<input type="checkbox"/> Difficulty in Applying Knowledge	<input type="checkbox"/> Difficulty in Mobility (Walking, Climbing and Grasping)
<input type="checkbox"/> Difficulty in Communicating	<input type="checkbox"/> Difficulty in Performing Adaptive Skills (Self-Care)
<input type="checkbox"/> Difficulty in Displaying Interpersonal Behavior (Emotional and Behavioral)	<input type="checkbox"/> Difficulty in Remembering, Concentrating, Paying Attention and Understanding
<input type="checkbox"/> Difficulty in Hearing	<input type="checkbox"/> Difficulty in Seeing

b. Does the Learner have a PWD ID? Yes No

6. For Returning Learner (Balik-Aral) and those who will Transfer/Move In

Last Grade Level Completed	Last School Year Completed
Last School Attended	School ID <input type="text"/>

7. For Learner in Senior High School

Semester <input type="checkbox"/> 1st <input type="checkbox"/> 2nd
Track:
Strand:

8. If the school will implement other distance learning modalities aside from face-to-face instruction, what would you prefer for your child?

Check all that applies:
<input type="checkbox"/> Blended (Combination) <input type="checkbox"/> Homeschooling <input type="checkbox"/> Modular (Print) <input type="checkbox"/> Radio-Based Television
<input type="checkbox"/> Educational Television <input type="checkbox"/> Modular (Digital) <input type="checkbox"/> Online

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

α



Department of Education
Region: _____
Division: _____
School ID: _____
School Name: _____

CONFIRMATION SLIP

NAME: _____
LRN: _____
GRADE LEVEL: _____

CONFIRMATION OF ENROLLMENT IN THE
SCHOOL: YES NO

Signature over Printed Name of Parent/Legal
Guardian



Department of Education
Region: _____
Division: _____
School ID: _____
School Name: _____

CONFIRMATION SLIP

NAME: _____
LRN: _____
GRADE LEVEL: _____

CONFIRMATION OF ENROLLMENT IN THE
SCHOOL: YES NO

Signature over Printed Name of Parent/Legal
Guardian



Department of Education
Region: _____
Division: _____
School ID: _____
School Name: _____

CONFIRMATION SLIP

NAME: _____
LRN: _____
GRADE LEVEL: _____

CONFIRMATION OF ENROLLMENT IN THE
SCHOOL: YES NO

Signature over Printed Name of Parent/Legal
Guardian



Department of Education
Region: _____
Division: _____
School ID: _____
School Name: _____

CONFIRMATION SLIP

NAME: _____
LRN: _____
GRADE LEVEL: _____

CONFIRMATION OF ENROLLMENT IN THE
SCHOOL: YES NO

Signature over Printed Name of Parent/Legal
Guardian



MODIFIED ALS ENROLLMENT FORM
(AF2) Learner's Basic Profile
THIS FORM IS NOT FOR SALE.



Instructions: Print legibly all information required in CAPITAL letters and check all appropriate boxes. Submit accomplished form to the Person-in-Charge/ALS Teacher/Community ALS Implementor/Learning Facilitator. Use black or blue pen only.

Date: (mm/dd/yyyy)

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Learner Reference No. (LRN)? If available:

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1. Learner's Personal Information

Last Name												Birthdate (mm/dd/yyyy)																																	
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First Name												Age		Sex																															
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Middle Name												Place of Birth (Municipality/City)																																	
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Is your family a beneficiary of 4Ps? <input type="checkbox"/> Yes <input type="checkbox"/> No												Civil Status																																	
If Yes, please write the 4Ps Household ID Number												<input type="checkbox"/> Single <input type="checkbox"/> Married																																	
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<input type="checkbox"/> Solo Parent																																													
Current Address																																													
House No.				Sitio/Street Name				Barangay																																					
Municipality/City				Province				Country				Zip Code																																	
Permanent Address												Same with your Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, proceed to item 2																																	
House No.				Sitio/Street Name				Barangay																																					
Municipality/City				Province				Country				Zip Code																																	

2. Parent's/Guardian's Information

Father's Name				
Last Name		First Name	Middle Name	Occupation
Mother's Maiden Name				
Last Name		First Name	Middle Name	Occupation
Legal Guardian's Name				
Last Name		First Name	Middle Name	Occupation

8

a. Is the Learner PWD? Yes No

ii Yes, specify the type of disability

<input type="checkbox"/> Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Special Health Problem/Chronic Disease
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Cancer <input type="checkbox"/> Non-Cancer
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional-Behavior Disorder	<input type="checkbox"/> Orthopedic/Physical Handicap	<input type="checkbox"/> Blind <input type="checkbox"/> Low Vision
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Speech/Language Disorder	

b. Does the Learner have a PWD ID? Yes No

3. Educational Information

Last grade level completed (Check only if applicable)								
ELEMENTARY				JUNIOR HIGH SCHOOL			SENIOR HIGH SCHOOL	
<input type="checkbox"/> Kinder	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 5	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 11		
	<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 10			

<p>Why did you not attend/complete schooling (For OSY only)</p> <p><input type="checkbox"/> No school in barangay</p> <p><input type="checkbox"/> School too far from home</p> <p><input type="checkbox"/> Needed to help family</p> <p><input type="checkbox"/> Unable to pay for miscellaneous and other expenses</p> <p><input type="checkbox"/> Others: (Pls specify) _____</p>	<p>Have you attended ALS learning sessions before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, check the appropriate program:</p> <p><input type="checkbox"/> Basic Literacy <input type="checkbox"/> A&E Secondary</p> <p><input type="checkbox"/> A&E Elementary <input type="checkbox"/> ALS SHS</p> <p>Have you completed the program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, state the reason: _____</p>
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4. Accessibility and Availability of CLC

1. How far is your home to your Learning Center? in kms _____ in hours and mins. _____

2. How do you get from your home to your Learning Center?

Walking Motorcycle Bicycle Others (Please specify) _____

3. Please provide the specific day and time you can be at your Learning Center.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

5. If the school will implement other distance learning modalities aside from face-to-face instruction, what would you prefer for the learner:

Check all that applies:

Blended (Combination) Homeschooling Modular (Print) Radio-Based Television

Educational Television Modular (Digital) Online

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I authorize the Department of Education to utilize the details specified above for the purpose of creating and/or updating his/her 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 and Date

ALS Teacher/Community ALS Implementor/Learning Facilitator
Signature over Printed Name and Date