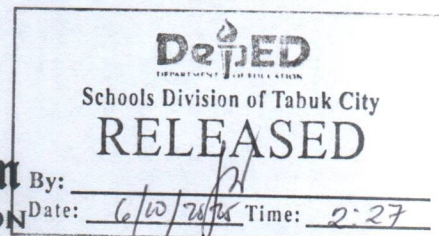




Republic of the Philippines
Department of Education
CORDILLERA ADMINISTRATIVE REGION
SCHOOLS DIVISION OFFICE OF TABUK CITY
Tabuk City, Kalinga



June 10, 2025

Division MEMORANDUM
No. 235, s. 2025

**ENROLLMENT GUIDELINES FOR SCHOOL YEAR 2025-2026
IN THE SCHOOLS DIVISION OF TABUK CITY**

To: Asst. Schools Division Superintendent
Chief Education Program Supervisors
Education Program Supervisors
Public Schools District Supervisors
Public Elementary and Secondary School Heads/TICs
All others concerned

1. In accordance to DepEd Order No. 12, s. 2025 titled "Multi-year Implementing Guidelines on the School Calendar and Activities" which set the opening of School Year 2025-2026 on June 16, 2025 (Monday) and shall end on March 31, 2026 (Tuesday) with a total of 197 class days, the Schools Division of Tabuk City issues the following enrollment guidelines for School Year 2024-2025.
2. Enrollment in public elementary and secondary schools, including CLCs shall be conducted within the school premises and shall require the Basic Education Enrollment Form (Enclosure 1) for incoming Kindergarten, Grades 1, 7, and 11 enrollees, and transferees while a Confirmation Slip (Enclosure 2) shall be required for Grades 2-6, Grades 8-10, and grade 12 enrollees to confirm their enrollment. On the other hand, The Modified Alternative Learning System (ALS) Enrollment Form (Enclosure 3) shall be required for ALS enrollees (DM 032, s.2024).
3. Hence, the following documentary and eligibility requirements stipulated in DO 3, s. 2018 (Basic Education Enrollment Policy) shall remain in effect:
 - a. **For Incoming Kindergarten, Grades 1, 7, and 11 Enrollees and transferees**
 1. Basic Education Enrollment Form;
 2. Form 138 (Report Card) from the previous grade level; and
 3. Philippine Statistics Authority (PSA) Birth Certificate or if late registered, Birth Certificate from the Local Civil Registrar or a Barangay Certification containing the basic information of the child such as (a) name of the child (first name, middle name, last name); (b) name of parents; (c) date of birth; and (d) sex
 - b. **For Grades 2-6, Grades 8-10, and Grade 12 Enrollees**
 1. Confirmation Slip; and
 2. Form 138 (Report Card) from the previous grade level

4. All public and private schools are instructed to strictly enforce and implement the Kindergarten cut-off age as stipulated in DepEd Order No. 15, s. 2025 (Amendment to DepEd Order No. 47, s. 2016 as Amended by DepEd order No. 20, s. 2018) that ***age qualification for Kindergarten learners should be five years old by October 31 of every calendar year.***

5. All public elementary and secondary schools shall strictly adhere to DO 19, s. 2008 (Implementation of No Collection Policy in All Public Elementary and Secondary Schools). No collections shall be made as pre-requisite for the enrollment of learners particularly in the public schools.

6. On the transmission of school records, only school's authorized personnel shall transmit the learners' records. Schools shall not compel learners and/or their parents/legal guardians to take responsibility in the transmission of learner's records.

7. Immediate dissemination of and compliance to this memorandum is desired.

BENEDICTA B. GAMATERO PhD, CESO V
Schools Division Superintendent

For the Authority of the
Schools Division Superintendent


JAN NOWEL E. PEÑA

Asst. Schools Division Superintendent



BASIC EDUCATION ENROLLMENT FORM

THIS FORM IS NOT FOR SALE

Revised as of 02/12/2024

ANNEX 1

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

Birthdate (mm/dd/yyyy)

 / /

First Name

Age

Sex

☐ Male ☐ Female

Middle Name

Place of Birth (Municipality/City)

Extension Name e.g. Jr., III (If applicable)

Religion

Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community?

☐ Yes ☐ No If Yes, please specify:

Mother Tongue

Is your family a beneficiary of 4Ps? ☐ Yes ☐ No

If Yes, please write the 4Ps Household ID Number

Current Address

House No.

Sitio/Street Name

Barangay

Municipality/City

Province

Country

Zip Code

Permanent Address

Same with your Current Address? ☐ Yes ☐ No If Yes, proceed to item 4

House No.

Sitio/Street Name

Barangay

Municipality/City

Province

Country

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 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

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

σ



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



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.

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[illegible]

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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Extension Name e.g. Jr., III (If applicable)										Contact Number/s					Religion																																																																											
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Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____																																																																																										
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Current Address <table border="1"> <tr> <td>House No.</td> <td colspan="10">Sitio/Street Name</td> <td colspan="10">Barangay</td> </tr> <tr> <td colspan="10">Municipality/City</td> <td colspan="10">Province</td> <td colspan="10">Country</td> <td colspan="10">Zip Code</td> </tr> </table>																														House No.	Sitio/Street Name										Barangay										Municipality/City										Province										Country										Zip Code									
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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

a. Is the Learner PWD? ☐ Yes ☐ No

If 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 2 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 10	<input type="checkbox"/> Grade 11

<p>Why did you not attend/complete schooling (For OSY only)</p> <p><input type="checkbox"/> No school in barangay <input type="checkbox"/> School too far from home <input type="checkbox"/> Needed to help family <input type="checkbox"/> Unable to pay for miscellaneous and other expenses <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: <input type="checkbox"/> Basic Literacy <input type="checkbox"/> A&E Secondary <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? <input type="checkbox"/> Walking <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> 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:			
<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 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