



Republic of the Philippines
Department of Education
Region X – Northern Mindanao
DIVISION OF MISAMIS ORIENTAL
Del Pilar-Velez St., Cagayan de Oro City
www.depedmisor.net
(08822)724615, (088)8564454/ Fax (088)8564524



June 4, 2014

DIVISION MEMORANDUM
No. 180, s. 2014

**SUBMISSION OF SCHOOL REPORT ON KINDERGARTEN FOR SCHOOL YEAR
2014-2015**

To: Public Schools District Supervisors
Elementary School Heads
Kindergarten Teachers
This Division

1. In consonance with DepEd Order No. 21, s. 2012, re: Policies and Guidelines on the Implementation of the Universal Kindergarten Education Program, this office requires each district to submit the school report on kindergarten for school year 2014-2015.
2. Please use the attached template (Excel file) for the needed data. Submit 1 consolidated print copy signed by the PS District Supervisor to the Division Office, Attention: Maria Teresa M. Absin and send an electronic copy at mariateresa.absin@yahoo.com on July 4, 2014.
3. Immediate and wide dissemination of this memorandum to all concerned is desired.

CHERRY MAE L. LIMBACO, Ph.D., CESO V
Schools Division Superintendent

CLL/mma

E. (Enclosure No. 1a to DepEd Order No. 21, s. 2012)

School Report on Kindergarten _____
 School Year _____

Region _____

Division _____

School _____

District _____

Name of Pupil			Gender		Date of Birth	Age	Remark
Last Name	First Name	Middle Initial	Male	Female			

Note: Use additional sheet if necessary.

Prepared by:

Certified true and Correct:

 Teacher
 Signature over Printed Name

 Principal/School Head
 Signature over Printed Name

Date: _____

cc: Regional DepED Office
 Central DepED Office - electronic file in excel format thru kindergartenproject@yahoo.com.ph

[Enclosure No. 1b to DepEd Order No. 21, s. 2012]

DIVISION SUMMARY REPORT ON KINDERGARTEN REGULAR PROGRAM (KRP)

SY _____

Division: _____

Region: _____

NO.	DISTRICT	SCHOOL ID	SCHOOL	ADDRESS	NAME OF TEACHER	KINDERGARTEN TEACHER'S INFORMATION				DATE OF APPOINTMENT	NUMBER OF CLASSES	ENROLLMENT			REMARKS (indicate if with ECE trainings)
						AGE	ELIGIBILITY	YEAR IN SERVICE	ECE UNITS/M.A. EARNED			M	F	Total	
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
TOTAL															

Note: Please indicate grand total per column and use additional sheets if necessary.

Prepared by: _____

Signature over printed name

Designation

Date: _____

Certified true and correct

Signature over printed name

Designation

cc: Regional DepED Office
 Central DepED Office - electronic file in excel format thru Kindergartenproject@yahoo.com.ph

[Enclosure No. 1c to DepEd Order No. 21, s. 2012]

DIVISION SUMMARY REPORT ON KINDERGARTEN VOLUNTEER PROGRAM (KVP)
 SY _____

Division: _____

Region: _____

NO.	DISTRICT	SCHOOLID	SCHOOL	ADDRESS	NAME OF TEACHER	KINDERGARTEN TEACHER'S INFORMATION				NUMBER OF CLASSES	ENROLLMENT			REMARKS(Indic ate if with ECE trainings)	
						AGE	ELIGIBILITY	YEAR IN SERVICE	ECE UNITS/M.A. EARNED		DATE OF CONTRACT OF SERVICE	M	F		Total
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
TOTAL															

Note: Please indicate grand total per column and use additional sheets if necessary.

Prepared by: _____

Certified true and correct: _____

Signature over printed name _____

Signature over printed name _____

Designation _____

Designation _____

Date: _____

cc: Regional DepED Office
 Central DepED Office - electronic file in excel format thru kindergartenproject@yahoo.com.ph

SUMMARY REPORT ON KINDERGARTEN UNDER LGU-ASSISTED PROGRAM

SY _____

Division: _____

Region: _____

NO.	SCHOOL	MUNICIPALITY	BARANGAY/ SITIO	NAME OF TEACHER	KINDERGARTEN TEACHER'S INFORMATION				NO. OF CLASSES	ENROLLMENT			REMARKS
					AGE	ELIGIBILITY	YEAR IN SERVICE	ECE UNITS/M.A. EARNED		DATE OF APPOINTMENT/ CONTRACT OF SERVICE	M	F	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
TOTAL													

Note: Please indicate grand total per column and use additional sheets if necessary.

Prepared by: _____

Certified true and correct.

Signature over printed name

Signature over printed name

Date: _____

Designation

SUMMARY REPORT ON KINDERGARTEN UNDER DAYCARE CENTER PROGRAM (5 YEAR OLD ENROLLMENT ONLY)

SY _____

Division _____

Region _____

NO.	DAY CARE CENTER	MUNICIPALITY	BARANGAY/ SITIO	NAME OF DAYCARE WORKER	KINDERGARTEN TEACHER'S INFORMATION				NO. OF CLASSES	ENROLLMENT			REMARKS
					AGE	ELIGIBILITY	YEAR IN SERVICE	HIGHEST EDUCATIONAL ATTAINMENT		DATE OF APPOINTMENT/ CONTRACT OF SERVICE	M	F	
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
TOTAL													

Note: Please indicate grand total per column and use additional sheets if necessary.

Prepared by: _____

Certified true and correct: _____

Signature over printed name _____

Signature over printed name _____

Date: _____

Designation _____

SUMMARY REPORT ON KINDERGARTEN IN PRIVATE SCHOOLS/CHURCH-BASED PROGRAM

SY _____

Division: _____

Region: _____

NO.	SCHOOL	MUNICIPALITY /DISTRICT	BARANGAY/ SITIO	NAME OF TEACHER	KINDERGARTEN TEACHER'S INFORMATION				NO. OF CLASSES	ENROLLMENT			REMARKS
					AGE	ELIGIBILITY	YEAR IN SERVICE	HIGHEST EDUCATIONAL ATTAINMENT		DATE OF APPOINTMENT/ CONTRACT OF SERVICE	M	F	
1													
2													
3													
4													
5													
6													
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11													
12													
13													
14													
15													
TOTAL													

Note: Please indicate grand total per column and use additional sheets if necessary.

Prepared by: _____

Certified true and correct: _____

Signature over printed name _____

Signature over printed name _____

Date: _____

Designation _____

cc: Regional Dept. D Office

Chief of Dept. D Office (with copy) (to be forwarded to the appropriate regional office)

