



Republic of the Philippines  
Department of Education  
Region X – Northern Mindanao  
**DIVISION OF MISAMIS ORIENTAL**  
Del Pilar-Velez St., Cagayan de Oro City



(08822)724615, (088)8564454/ Fax (088)8564524

July 13, 2015

DIVISION MEMORANDUM

No. 210, s. 2015

**SUBMISSION OF SCHOOL REPORT ON THE IMPLEMENTATION OF  
KINDERGARTEN PROGRAM FOR SCHOOL YEAR 2015-2016**

To: Public Schools District Supervisors  
Elementary School Heads  
Kindergarten Teachers

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 Program for School Year 2015-2016.
2. Please use the attached template (Excel file) for the District Consolidated Report in electronic copy and sent to [mariteresa.apolinario@deped.gov.ph](mailto:mariteresa.apolinario@deped.gov.ph) on July 24, 2015.
3. Immediate and wide dissemination of this memorandum to all concerned is desired.

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



(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				NUMBER OF CLASSES	ENROLLMENT			REMARKS (indicate if with ECE trainings)	
						AGE	ELIGIBILITY	YEAR IN SERVICE	ECE UNITS/M.A. EARNED		DATE OF APPOINTMENT	M	F		Total
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
<b>TOTAL</b>															

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](mailto: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	SCHOOL ID	SCHOOL	ADDRESS	NAME OF TEACHER	KINDERGARTEN TEACHER'S INFORMATION						ENROLLMENT			REMARKS(indicate if with ECE trainings)		
						AGE	ELIGIBILITY	YEAR IN SERVICE	ECE UNITS/M.A. EARNED	DATE OF CONTRACT OF SERVICE	NUMBER OF CLASSES	M	F	Total			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
<b>TOTAL</b>																	

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

Prepared by: \_\_\_\_\_

Certified true and correct: \_\_\_\_\_

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Signature over printed name

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Signature over printed name

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Designation

\_\_\_\_\_  
Designation

Date: \_\_\_\_\_

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

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													
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10													
11													
12													
13													
14													
15													
<b>TOTAL</b>													

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													
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 \_\_\_\_\_

