



Republic of the Philippines
Department of Education
REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF MISAMIS ORIENTAL

DEPARTMENT OF EDUCATION
Division of Misamis Oriental

RELEASED

DATE: JUN 27 2024

Office of the Schools Division
Superintendent

June 27, 2024

DIVISION MEMORANDUM

No. 388 s. 2024

**DISSEMINATION OF DEPED MEMORANDUM NO. 32, S. 2024 ENTITLED
ENROLLMENT GUIDELINES FOR SCHOOL YEAR 2024-2025**

To: Assistant Schools Division Superintendent
Chief Education Supervisors for SGOD and CID
Education Program Supervisors
Public Schools District Supervisors/Districts In-Charge
Public Elementary and Secondary Schools School Heads
ALS Community Learning Centers
All Others Concerned

1. Pursuant to DepEd Memorandum 32, s. 2024 entitled “Enrollment Guidelines for School Year 2024-2025”, all public elementary and secondary schools and community learning centers are hereby informed on the enrollment procedures and protocols.

2. The conduct of enrolment in all public schools shall be from **July 3 to 26, 2024** through in-person, remote or dropbox enrollment. The documentary and eligibility requirements stipulated in DO 3, s.2018 such as PSA Birth Certificate or Birth Certificate (for late registration) from Local Civil Registrar or a *Barangay* Certification containing the basic information of the child shall be submitted until October 31, 2024.

3. Furthermore, all public schools shall strictly adhere to DO 19, s. 2008 (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 enrolment of learners particularly in the public schools.

4. For public and private school heads, Kindergarten cut-off age per DO 20, s. 2018 must be strictly implemented. For schools commencing their school year in July, **Kindergarten learners should be 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 5 years by August 1 and the extension period shall be until October 31.




Address: Del Pilar - Velez St., Brgy. 29, Cagayan de Oro City 9000
Telephone Nos.: (088) 881-3094 | Text: 0917-8992245 (Globe)
Website: www.deped.misor.net
Email: misamis.oriental@deped.gov.ph

5. Enclosed is the copy of the aforementioned DepEd Memorandum and required enrolment forms and slip:

- **Basic Education Enrolment Form (Enclosure 1)** – shall be required for incoming Kindergarten, Grades 1, 7 and Grade 11 enrolees and transferees
- **Confirmation Slip** – shall be required for Grades 2-6, Grade 8-10 and Grade 12 enrollees **to confirm** their enrolment
- **Modified Alternative Learning System (ALS) Enrolment Form** – shall be required for ALS enrolees

6. Immediate dissemination and strict compliance with this Memorandum is directed.


EDILBERTO L. OPLENARIA, EdD, CESO V
Schools Division Superintendent

SGOD, ELG

To be indicated in the Perpetual Index
under the following subjects:

ENROLMENT GUIDELINES

PLANNING AND RESEARCH





Republic of the Philippines
Department of Education

JUN 25 2024

DepEd MEMORANDUM
No. **032**, s. 2024

ENROLLMENT GUIDELINES FOR SCHOOL YEAR 2024–2025

To: Undersecretaries
Assistant Secretaries
Minister, Basic, Higher and Technical Education, BARMM
Bureau and Service Directors
Regional Directors
Schools Division Superintendents
Public and Private Elementary and Secondary School Heads
State/Local Universities and Colleges Heads
Philippine Schools Overseas Heads
All Others Concerned

1. This Memorandum is issued to inform and provide guidance to all public schools and community learning centers (CLCs) on the enrollment procedures and protocols for School Year (SY) 2024–2025.
2. Consistent with DepEd Order (DO) 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 Department of Education (DepEd) announces the conduct of enrollment in all public schools from **July 3 to 26, 2024**.
3. Enrollment in public elementary and secondary schools, including CLCs, shall be conducted through any of the following options:
 - a. In-person Enrollment;
 - b. Remote Enrollment (short messaging services [SMS] or any messaging applications, or email using the school's official numbers/accounts or email addresses, among others); and
 - c. Dropbox Enrollment (located in schools, *barangay* halls near the school).
4. Private schools, state/local universities and colleges (SUCs/LUCs), and Philippine Schools Overseas (PSOs) offering basic education may adopt their own enrollment procedures consistent with their charters/school manuals and applicable DepEd policies. They shall report their official enrollment through their respective schools division offices **on or before July 22, 2024**. In the case of PSOs, their official enrollment shall be submitted to the Private Education Office (PEO).
5. The Basic Education Enrollment Form (Enclosure No. 1) shall be required for all public elementary and secondary schools for incoming Kindergarten, Grades 1, 7, and 11 enrollees, and transferees while a Confirmation Slip (Enclosure No. 2) shall be required for Grades 2–6, Grades 8–10, and Grade 12 enrollees to confirm their enrollment.

6. The Modified Alternative Learning System (ALS) Enrollment Form (Enclosure No. 3) shall be required for all ALS enrollees.
7. The documentary and eligibility requirements stipulated in DO 03, s. 2018 (Basic Education Enrollment Policy) shall remain in effect and shall be submitted **until October 31, 2024**. It is reiterated that in the absence of a Philippine Statistics Authority (PSA) Birth Certificate, the Birth Certificate (late registration) 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, may be submitted.
8. 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) 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.
9. Authorities of public and private schools are instructed to strictly enforced and implement the Kindergarten cut-off age as stipulated in DO 020, s. 2018 (Amendment to DepEd Order No. 47, s. 2016).
10. 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 learners' records.
11. Schools division superintendents and 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.
12. For more information, please contact the **Planning Service-Education Management Information System Division**, 2nd Floor, Teodora Alonzo Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City through email at ps.emisd@deped.gov.ph, and the **Office the Assistant Secretary for Operations-Field Operations** at asec.ops@deped.gov.ph.
13. Immediate dissemination of this Memorandum is desired.

By Authority of the Secretary:




NOLASCO A. MEMPIN
Undersecretary

Encls.:

As stated

References:

DepEd Order (Nos. 003, s. 2024; 20 and 03, s. 2018; and 19 s. 2008)
DepEd Memorandum No. 043, s. 2023

8

To be indicated in the Perpetual Index
under the following subjects:

ADMISSION
BASIC EDUCATION
CAMPAIGN
DATA
ENROLLMENT
KINDERGARTEN EDUCATION
LEARNERS
RULES AND REGULATIONS

JDMC/APA/MPC, DM Enrollment Guidelines for SY 2024-2025
0142 - April 30/May 10, 2024



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		Birthdate (mm/dd/yyyy)	
<input type="text"/>		<input type="text"/>	
First Name		Age Sex	
<input type="text"/>		<input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female	
Middle Name		Place of Birth (Municipality/City)	
<input type="text"/>		<input type="text"/>	
Extension Name e.g. Jr., III (If applicable)		Religion	
<input type="text"/>		<input type="text"/>	
Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community?		Mother Tongue	
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____		<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	Barangay	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Municipality/City	Province	Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	Barangay	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Municipality/City	Province	Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Parent's/Guardian's Information

Father's Name			
Last Name	First Name	Middle Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Maiden Name			
Last Name	First Name	Middle Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal Guardian's Name			
Last Name	First Name	Middle Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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



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)

		/			/						
--	--	---	--	--	---	--	--	--	--	--	--

Learner Reference No. (LRN)? If available:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

1. Learner's Personal Information

Last Name		Birthdate (mm/dd/yyyy)																																	
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>				/			/										
		/			/																														
First Name		Age	Sex																																
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td></tr></table>			<input type="checkbox"/> Male <input type="checkbox"/> Female														
Middle Name		Place of Birth (Municipality/City)																																	
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	
Extension Name e.g. Jr., III (If applicable)		Contact Number/s																																	
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																	
Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community?																																			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____																																			
Is your family a beneficiary of 4Ps? <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
If Yes, please write the 4Ps Household ID Number																																			
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																			
Civil Status																																			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow/er <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

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

Why did you not attend/complete schooling (For OSY only) <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) _____	Have you attended ALS learning sessions before? <input type="checkbox"/> Yes <input type="checkbox"/> No 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 Have you completed the program? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, state the reason: _____
--	--

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:

<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



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