



Republic of the Philippines
Department of Education
Region X
DIVISION OF MISAMIS ORIENTAL
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DIVISION MEMORANDUM

No. 119 s. 2015

To : PS District Supervisors
Elementary and Secondary School Administrators
This Division

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

Date : May 11, 2015

Subject: **Submission of Data on Early Registration for SY 2015-2016**

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1. Relative to DepEd Order No. 1, s.2015 re: Declaring January 24, 2015 as Commencement of Early Registration for SY 2015-2016, all schools are directed to submit Data on Early Registration.
 2. Attach are school templates Form 2A and Form 2B.
 3. Encode your submission online at <http://210.213.201.147/earlyreg/> on or before May 13, 2015.
 4. For strict compliance.

/dpu_elg

Enclosure No. 3a to DepEd Order No. 89, s. 2012

FORM 2A

School Plan to Address Needs

Name of Elementary School: _____
 Division: _____ Region: _____
 Date Accomplished: _____

Please indicate additional inputs needed.

Grade Level	Tentative Enrolment	A. Additional Inputs Needed (Please indicate number)			
		Classroom	Teachers	Textbooks	Seats
1. Kindergarten					
2. Grade 1					
3. Grade 2					
4. Grade 3					
5. Grade 4					
6. Grade 5					
7. Grade 6					
TOTAL					

Learners under the ADMs/ALS	Tentative Enrolment	B. Inputs Needs	
		Teacher-Facilitator	Modules
Age 9			
Age 10			
Age 11			
Age 12 and above			
TOTAL			

Categories of Disability	Tentative Enrolment	C. Additional Inputs Needed
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Children with -	(Please indicate number)			
	Classroom	Teachers	Textbooks	Seats
Visual Impairment				
Hearing Impairment				
Intellectual Disability				
Speech/Language Impairment				
Serious Emotional Disturbance				
Autism				
Orthopedic Impairment				
Special Health Problems				
Multiple Disabilities				
TOTAL				

D. Proposed Differentiated Program Intervention	E. Assistance Needed
1. Formal Delivery System:	
2. ADMs/ALS:	
3. Special Education in Inclusive Setting:	

Submitted by:

Name and Signature of School Head

Designation

Cell Phone Number: _____

E-mail address: _____

Enclosure No. 3b to DepEd Order No. 89, s. 2012

FORM 2B

School Plan to Address Needs

Name of Secondary School: _____
 Division: _____ Region: _____
 Date Accomplished: _____

Please indicate additional inputs needed.

Year Level	Tentative Enrollment	A. Additional Inputs Needed (Please indicate number) <i>SHORTAGE</i>			
		Classroom	Teachers	Textbooks	Seats
1. Grade 7					
2. Grade 8					
3. Grade 9					
4. Grade 10					
TOTAL					

Learners under the ADMs/ ALS	Tentative Enrolment	B. Inputs Needs	
		Teacher – Facilitator	Modules
Age 12			
Age 13			
Age 14			
Age 15 and above			
TOTAL			

Categories of Disability	Tentative Enrolment	C. Additional Inputs Needed (Please indicate number)			
		Classroom	Teachers	Textbooks	Seats
Children with -					
Visual Impairment					
Hearing Impairment					
Intellectual Disability					
Speech/Language Impairment					
Serious Emotional Disturbance					
Autism					
Orthopedic Impairment					
Special Health Problems					
TOTAL					

C. Proposed Differentiated Program Intervention	D. Assistance Needed
1. Formal Delivery System:	
2. ADM/ALS:	
3. Special Education in Inclusive Setting:	

Submitted by:

Name and Signature of School Head

Designation

Cell Phone Number: _____

E-mail address: _____