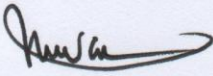


UNNUMBERED MEMORANDUM

TO : OIC-Assistant Schools Division Superintendent
Education Program Supervisors, District Supervisor
Elementary and Secondary School Heads/Principals/TICs/OICs
All Others Concerned

FROM : 
DR. MERTHEL M. EVARDOME
Acting Assistant Schools Division Superintendent
Office of the Schools Division Superintendent

SUBJECT : **CONDUCT OF EARLY REGISTRATION FOR SY 2015-2016**

DATE : January 19, 2015

Pursuant to DepEd Order No. 18 S. 2014 declaring January 24, 2015 as Early Registration Day in all public elementary and secondary schools, this Office is reminding all concerned on the needed reports to be submitted:

Date	Reports	Person/s Concerned	For Submission To:
January 26 – 30, 2015	Form 1 of grade 6 pupils registering for grade 7 in high school	Elementary schools	Concerned high schools
	Early registration form of children/youth from disadvantaged groups (IPs, OSC, OSY, SPED, etc.)	Personnel in-charge of on-site registration on areas without schools	Schools nearest to the location of the groups
	Registration forms (with summary by grade/year level and gender)	Elementary and secondary schools	Division Office (Attn: Planning Officer)
	Strategies Employed to Advocate Early Registration	Elementary and secondary schools	Division Office (Attn: Planning Officer)
February 2-6, 2015	Form 2A or Form 2B: School Plan to Address Needs	Elementary and secondary schools	Division Office (Attn: Planning Officer)

Likewise, the attached Monitoring Form shall be used by the team from the Regional office during the Early Registration Day for your reference. The form shall also be submitted on January 26, 2015 to the Division Office (Attn: Planning Officer).

For your information and compliance.

DEPARTMENT OF EDUCATION
EARLY REGISTRATION FORM

School ID: _____
School Name: _____

Region: _____
Division: _____
School District: _____

_____ Kindergarten/Grade/Year Level

NAME	SEX	AGE	BIRTHDATE	ADDRESS	CATEGORY OF C/Y WITH DISABILITY** (for children and youth with disabilities only)	REMARKS*

Remarks*:

1. For Grade 1 Registrants: Has attended/not attended Kindergarten class

2. For ALS: Information whether the child/youth prefers to learn through the ADM = alternative delivery mode (MISOSA, e-IMPACT, DORP) or ALS = alternative learning system

Category of C/Y with Disability**: Visual Impairment, Hearing Impairment, Intellectual Disability, Learning Disability, Speech/Language Impairment, Serious Emotional Disturbance, Autism, Orthopedic Impairment, Special Health Problem, Multiple Disabilities

SUMMARY REPORT ON EARLY REGISTRATION DAY
January 24, 2015

School: _____

BASELINE DATA	ENROLMENT (SY 2014-2015)			EARLY REGISTRATION DAY			
	Male	Female	Total	Basic Education Level	Male	Female	Total
Kindergarten				Kindergarten			
Grade 1				Grade 1			
Grade 7				Grade 7			

STRATEGIES EMPLOYED TO ADVOCATE EARLY REGISTRATION

SPECIFIC STRATEGY	TARGET CLIENTELE	PARTNERS

Prepared by: _____

Certified True and Correct:

School Heads

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)			
	M	F	TOTAL	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	Tentative Enrolment	B. Inputs Needs	
		Teacher-Facilitator	Modules
Age 9			
Age 10			
Age 11			
Age 12 and above			
TOTAL			

Learners under the 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 (Please indicate number)			
	M	F	TOTAL	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	
3. Special Education in Inclusive Setting	

Submitted by: _____

 Name and Signature of School Head

 Designation

Mobile Number: _____

E-mail Address: _____

SCHOOL PLAN TO ADDRESS NEEDS

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

Please Indicate additional inputs needed.

GRADE/YEAR LEVEL	TENTATIVE ENROLMENT			A. Additional Inputs Needed (Please indicate number)			
	M	F	TOTAL	Classroom	Teachers	Textbooks	Seats
1. Grade 7							
2. Grade 8							
3. Grade 9							
4. Fourth Year							
TOTAL							

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

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

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	
3. Special Education in Inclusive Setting	

Submitted by:

 Name and Signature of School Head

 Designation

Mobile Number: _____

E-mail Address: _____