



Republic of the Philippines
Department of Education

REGION VIII
SCHOOLS DIVISION OF NORTHERN SAMAR

May 12, 2023

DIVISION MEMORANDUM

No. 0132 s. 2023

EARLY REGISTRATION FOR SCHOOL YEAR 2023-2024

TO: Assistant Schools Division Superintendent
SGOD and CID Chiefs
Education Program Supervisors
District Heads and School Heads
All Others Concerned

1. Adherent to DepEd Order No. 10, s. 2023 titled Amendment to DepEd No. 3, s. 2018 on the Basic Education Enrollment Policy, this Office hereby announces the schedule of **Early Registration for the school year 2023-2024 of incoming Kindergarten, Grades 1, 7 and 11 learners shall be conducted from May 10 to June 9, 2023.**
2. All public elementary and secondary schools shall use the attached Basic Education Enrollment Form to ensure that necessary data and information in registering learners are properly captured. Likewise, using the school head or administrator account, schools shall update or encode daily in the Early Registration facility in the Learner Information System (LIS) including the **prospective** enrollees for other grade levels (Grades 2-6, 8-10 and 12) to get the overall picture of the expected enrollees for the next school year.
3. Preferably, the early registration shall be done face-to-face, but may continue to implement other options in collecting early registration forms.
4. All schools are encouraged to conduct enrollment advocacy campaigns within their respective areas.
5. Public and private schools are instructed to strictly enforce and implement the kindergarten cut-off age as stipulated in DO No. 020, s. 2018.
6. Immediate dissemination of and strict compliance with this Memorandum are desired.


GAUDENCIO C. ALJIBE JR., PhD, CESO VI
Schools Division Superintendent 



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BASIC EDUCATION ENROLLMENT FORM

THIS FORM IS NOT FOR SALE.

School Year -
 Grade level to Enroll:

Check the appropriate box only

1. With LRN? Yes No 2. Returning (Balik-Aral) Yes No

INSTRUCTIONS:

Print legibly all information required in CAPITAL letters. Submit accomplished form to the Person-in-Charge/Registrar/Class Adviser. Use black or blue pen only.

LEARNER INFORMATION

PSA Birth Certificate No. (if available upon registration) _____ Learner Reference No.

(LRN) Last Name Birthdate (mm/dd/yyyy) Place of Birth (Municipality/City)

First Name Sex Male Female Age Mother Tongue

Middle Name Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community Yes No If Yes, please specify: _____

Extension Name e.g. Jr., III (if applicable) Is your family a beneficiary of 4Ps? Yes No

If Yes, write the 4Ps Household ID Number below

Is the child a Learner with Disability? Yes No

If Yes, specify the type of disability:

- | | | | |
|--------------------------------------------|---------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> a. blind | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Emotional-Behavioral Disorder | <input type="checkbox"/> Orthopedic/Physical Handicap |
| <input type="checkbox"/> b. low vision | <input type="checkbox"/> Speech/Language Disorder | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Special Health Problem/ Chronic Disease |
| <input type="checkbox"/> Multiple Disorder | | | <input type="checkbox"/> a. Cancer |

Current Address

House No.	Site/Street Name	Barangay	
Municipality/City	Province	Country	Zip Code

Permanent Address Same with your Current Address? Yes No

House No./Street	Street Name	Barangay	
Municipality/City	Province	Country	Zip Code

PARENT'S/GUARDIAN'S INFORMATION

Father's Name

Last Name	First Name	Middle Name	Contact Number
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Mother's Maiden Name

Last Name	First Name	Middle Name	Contact Number
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Legal Guardian's Name

Last Name	First Name	Middle Name	Contact Number
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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

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For Learners in Senior High School

Semester 1st 2nd

Track _____

Strand _____

If school will implement other distance learning modalities aside from face-to-face instruction, what would you prefer for your child?

Choose all that apply:

- | | | | |
|--------------------------------------------|-------------------------------------------------|--------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Modular (Print) | <input type="checkbox"/> Online | <input type="checkbox"/> Radio-Based Instruction | <input type="checkbox"/> Blended |
| <input type="checkbox"/> Modular (Digital) | <input type="checkbox"/> Educational Television | <input type="checkbox"/> Homeschooling | |

I hereby certify that the above information given are true and correct o 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