



June 14, 2017




DIVISION MEMORANDUM

No. 008, s. 2017

SUBMISSION OF KINDERGARTEN ENROLMENT FOR SY 2017-2018

**TO: Assistant Schools Division Superintendent
CID & SGOD Chief
Division Education Supervisors/District In-Charge
Elementary School Administrators
All Others Concerned**

1. This office informs all the districts to please submit your Kindergarten Enrolment for the School Year 2017-2018 using the attached templates. Kindly email it to chiboygain@yahoo.com.
2. Deadline for submission of the hard and soft copies is on June 23, 2017. The said report is the basis for the giving of additional workbooks.
3. For your compliance.


LELANIE T. CABRER
ASSISTANT SCHOOLS DIVISION SUPERINTENDENT
SALUSTIANO T. JIMENEZ, CESO VI
Assistant Regional Director 
Concurrent Schools Division Superintendent
6/15/17 



(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	ENROLMENT			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															
TOTAL															

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

Prepared by:

Signature over printed name

Designation

Date: _____

Certified true and correct:

Signature over printed name

Designation

cc: Regional DepED Office
Central DepED Office - electronic file in excel format thru 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				NUMBER OF CLASSES	ENROLMENT			REMARKS(indicate if with ECE trainings)
						AGE	ELIGIBLTY	YEAR IN SERVICE	ECE UNITS/M.A. EARNED		DATE OF CONTRACT OF SERVICE	M	F	
1														
2														
3														
4														
5														
6														
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11														
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13														
14														
15														
	TOTAL													

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

Prepared by:

Signature over printed name

Designation

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Certified true and correct:

Signature over printed name

Designation

cc: Regional DepED Office
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(Enclosure No. 1d to DepEd Order No. 21, s. 2012)

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	ENROLMENT			REMARKS
					AGE	ELIGIBLTY	YEAR IN SERVICE	ECE UNITS/M.A. EARNED	DATE OF APPOINTMENT/ CONTRACT OF SERVICE		M	F	Total	
1														
2														
3														
4														
5														
6														
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15														
	TOTAL													

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

Prepared by:

Signature over printed name

Date: _____

Certified true and correct:

Signature over printed name

Designation

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

(Enclosure No. 1e to DepEd Order No. 21, s. 2012)

SUMMARY REPORT ON KINDERGARTEN UNDER DAYCARE CENTER PROGRAM (5 YEAR OLD ENROLMENT ONLY)
 SY _____

Division: _____

Region: _____

NO.	DAY CARE CENTER	MUNICIPALITY	BARANGAY/ SITIO	NAME OF DAYCARE WORKER	KINDERGARTEN TEACHER'S INFORMATION					NO. OF CLASSES	ENROLMENT			REMARKS
					AGE	ELIGIBILITY	YEAR IN SERVICE	HIGHEST EDUCATIONAL ATTAINMENT	DATE OF APPOINTMENT/ CONTRACT OF SERVICE		M	F	Total	
1														
2														
3														
4														
5														
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14														
15														
TOTAL														

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

Prepared by:

Signature over printed name

Certified true and correct:

Signature over printed name

Date: _____

Designation

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

(Enclosure No. 1f to DepEd Order No. 21, s. 2012)

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	ENROLMENT			REMARKS
					AGE	ELIGIBILITY	YEAR IN SERVICE	HIGHEST EDUCATIONAL ATTAINMENT	DATE OF APPOINTMENT/ CONTRACT OF SERVICE		M	F	Total	
1														
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15														
TOTAL														

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

Prepared by:

Signature over printed name

Certified true and correct:

Signature over printed name

Date: _____

Designation

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