



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

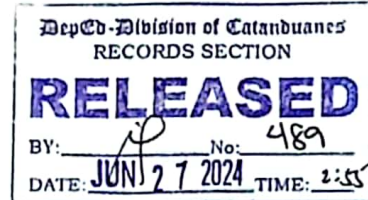
References:
DepEd Order (Nos. 003, s. 2024; 20 and 03, s. 2018; and 19 s. 2008)
DepEd Memorandum No. 043, s. 2023

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



June 27, 2024

TO : ASSISTANT SCHOOLS DIVISION SUPERINTENDENT
CHIEF EDUCATION SUPERVISORS
PUBLIC SCHOOLS DISTRICT SUPERVISORS
SECTION HEADS
ELEMENTARY & SECONDARY SCHOOL HEADS
TEACHING AND NON-TEACHING PERSONNEL
ALL OTHERS CONCERNED

For strict compliance and widest dissemination.


SOCORRO V. DELA ROSA CESOV
Schools Division Superintendent

JMT/ DM NO. 32 S 2024 ENROLMENT GUIDELINES FOR SY 2024-2025
00028 June 26, 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 <input type="text"/>	Birthdate (mm/dd/yyyy) <input type="text"/>
First Name <input type="text"/>	Age <input type="text"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name <input type="text"/>	Place of Birth (Municipality/City) <input type="text"/>
Extension Name e.g. Jr., III (If applicable) <input type="text"/>	Religion <input type="text"/>
Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____	Mother Tongue <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	Street Name
Municipality/City	Barangay
Province	Country
Zip Code	
Permanent Address Same with your Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, proceed to item 4	
House No	Street Name
Municipality/City	Barangay
Province	Country
Zip Code	

4. Parent's/Guardian's Information

Father's Name			
Last Name	First Name	Middle Name	Contact Number
Mother's Maiden Name			
Last Name	First Name	Middle Name	Contact Number
Legal Guardian's Name			
Last Name	First Name	Middle Name	Contact Number

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 (Balk-Aral) and those who will Transfer/Move In

Last Grade Level Completed	Last School Year Completed
Last School Attended	School ID <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


 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



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)

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Learner Reference No. (LRN)? If available:

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

1. Learner's Personal Information

Last Name		Birthdate (mm/dd/yyyy)																																									
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First Name		Age																																									
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		<input type="checkbox"/> Male	<input type="checkbox"/> Female																																								
Middle Name		Place of Birth (Municipality/City)																																									
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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.	Site/Street Name		Barangay																																								
Municipality/City	Province	Country	Zip Code																																								
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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

8

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"/> ALB SHS Have you completed the program? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, state the reason _____
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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