



DEPARTMENT OF EDUCATION
Region X - Northern Mindanao
DIVISION OF MALAYBALAY CITY
City of Malaybalay
Tel no. 813 - 2894; 221 - 4597



DIVISION ADVISORY

URGENT

Deped-MALAYBALAY CITY DIVISION
RELEASED

Date: 12/13/12 Time: 10:08
By: [Signature]

To: Public Schools District Supervisors
Elementary & Secondary School Heads
This Division

From: 
EDILBERTO L. OPLENARIA
Schools Division Superintendent

Date: **December 13, 2012**

Re: **PANTAWID PAMILYANG PILIPINO PROGRAM REPORT**

Enclosed is the DSWD cv-F2 Form to be filled out by the School Principal.

Please submit the filled out form not later than December 18, 2012

Attention: **Ralph T. Quirog**, EPS Designate in Social Studies.

For compliance.

Rtq12



Name of School/Preschool/DCC [152984] PRE-SCHOOL DEP-ED
City/Municipality CITY OF MALAYBALAY (Capital)
Province BUKIDNON

CV-F2

Education
rev. Nov 2012

This form serves as a monitoring tool on the compliance on education. It contains the list of children beneficiaries with ages 6-14 and 3-5 years old by school/preschool/day care center. The principal/ day care center worker will fill up the form to report the non-attendance of students in his/her school. The form is then submitted to the Regional Program Management Office through the City/Municipal Link.

Reporting Period:
NOV to DEC 2012

Date Generated:
11/23/2012

Note to the School Principal:

1. Household ID No. Number Assigned to the Household by DSWD
2. Household Member ID Number Assigned to the Household Member by DSWD
3. Name of Student
4. Non-Attendance for the 2 month Reporting Period Refers to the months covered by the report. Refer to notes at the end of the list
5. Non-Compliance with Deworming Requirement Refers to the period covered by the report and applies only to students at the elementary level. Refer to notes at the end of the list

Grade Level Codes:

- | | | | |
|----------------------|----------------------------------|---|-------------|
| 0 No grade completed | 5 Grade 4 | 9 2nd year highschool | 18 Day Care |
| 2 Grade 1 | 6 Grade 5 | 10 3rd year highschool | 19 Kinder |
| 3 Grade 2 | 7 Grade 6 or Elementary Graduate | 11 4th year highschool or Highschool Graduate | |
| 4 Grade 3 | 8 1st year highschool | | |

Was deworming conducted within these 2 months? (check if yes)

	1. Household ID	2. Household Member ID	3. Name of Student Last, First MI.	4. Recorded Grade Level*	5. Current Grade Level*	6. Non-Attendance for the 2 month report period**		7. Remarks 1 Dropout 2. Not Enrolled in this School	8. Non-Compliance with Deworming Requirement for 2 months***
						NOV	DEC		
1	101312066-8414-00006	47900602	MONTIFALCON, IVAN LEIGH A.	1		○	○		○
2	101312066-7000-00021	43075454	PAMISARAN, JUNE VENCENT N.	1		○	○		○

*** No. 4 & 5 Recorded Grade Level and Current Grade Level**

If the **grade level code** indicated on the recorded grade level is incorrect, write the correct current grade level using the **GRADE LEVEL CODES** in the column beside it. Otherwise don't put anything.

I hereby certify that the above data are true and correct.

Name and Signature of School Principal/
Daycare Worker

**** No. 6 Non-Attendance in the two-month reporting period**

Indicate non-attendance by shading the corresponding circle of a student attending **less than 85%** of the total number of school days in the reported month. For those attending 85% or more of the total number of school days do not put anything.

Name and Signature of City/Municipal
Link/SWA

***** No. 8 Noncompliance with Deworming Requirement (For Elementary Students Only)**

Indicate non-compliance by shading the corresponding circle of a student who did not receive a scheduled deworming during the reported period. For those who received deworming do not put anything.

MM	DD	YYYY	MM	DD	YYYY
Date Received			Date Encoded		