



Department Of Education
Region X- Northern Mindanao
DIVISION OF MALAYBALAY CITY
City of Malaybalay
Tel # 813-2894

154
DepEd-MALAYBALAY CITY DIVISION
RELEASED

Date: 6/13/13 Time: 1:58PM
By: abn Anabelle



DIVISION MEMORANDUM
No. 149 S. 2 0 1 3

FOR: Education Program Supervisors Designate
Division Program Coordinators
Public Schools District Supervisors
Elementary Schools Principals
This Division

FROM: 
EDILBERTO L. OPLENARIA
Schools Division Superintendent

RE : **SUBMISSION OF KINDERGARTEN ENROLMENT REPORT FORMS
ON KINDERGARTEN REGULAR PROGRAM (kRP) and KINDERGARTEN
VOLUNTEER PROGRAM (KVP)**

DATE: June 11, 2013

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1. Pursuant to DepEd Order Nos. 37 and 51, s. 2011 entitled "Policies and Guidelines on the Implementation of the Universal Kindergarten Education for 2011-2012, you are hereby directed to Re: **Submission of kindergarten enrolment report form on kindergarten Regular Program (kRP) and kindergarten Volunteer Program (KVP) for funds allocation.** Please submit in Soft and hard copies, *Attention: Mr. Paul John Arias, Planning Officer II not later than June 17, 2013. Failure to comply the given reports denote no funds allocation.*
 2. Enclosed are the following forms: Form 2a, Form 2b and Form 2c. You may download the forms in DepEd Order No. 95 s.2011
 3. Immediate dissemination of and strict compliance with this Division Memorandum is directed.

(Enclosure No. 2b to DepEd Order No. 95, s. 2011)

DIVISION SUMMARY REPORT ON KINDERGARTEN REGULAR PROGRAM (KRP)

SY _____

Division: _____

Region: _____

NO.	DISTRICT	SCHOOL ID	SCHOOL	ADDRESS	NAME OF TEACHER	KINDERGARTEN TEACHER'S INFORMATION					CLASSROOM STATUS			NUMBER OF CLASSES	ENROLMENT			REMARKS (Indicate if with ECE trainings)
						AGE	ELIGIBILITY	YEAR IN SERVICE	ECE UNITS/M.A. EARNED	DATE OF APPOINTMENT	NEW	AGAPP	OLD/MAKE SHIFT		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 preschool.bee@gmail.com

Handwritten mark

(Enclosure No. 2c to DepEd Order No. 95, s. 2011)

DIVISION SUMMARY REPORT ON KINDERGARTEN VOLUNTEER PROGRAM (KVP)
SY _____

Division: _____

Region: _____

NO.	DISTRICT	SCHOOL ID	SCHOOL	ADDRESS	NAME OF TEACHER	KINDERGARTEN TEACHER'S INFORMATION					CLASSROOM STATUS			NUMBER OF CLASSES	ENROLMENT			REMARKS(Indicate if with ECE trainings)
						AGE	ELIGIBILITY	YEAR IN SERVICE	ECE UNITS/M.A. EARNED	DATE OF CONTRACT OF SERVICE	NEW	AGAPP	OLD/MAKE SHIFT		M	F	Total	
1																		
2																		
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15																		
TOTAL																		

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

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Designation

Date: _____

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