**Republic of the Philippines

DEPARTMENT OF EDUCATION

Region X- Northern Mindanao

Division of Malaybalay City

Purok 6, Casisang, Malaybalay City

Telefax: (088) 314-0094 email: depedmalaybalay@gmail.com

MARSHALL REPORT FORM

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| School Name: | |  |  |  | Name of Marshall: |  |  |  |  |
| School Address: | |  |  |  | Evacuation Area: |  |  |  |  |
| Incident: | |  |  |  | Year & Section: |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| # of Enrolled Students | # of Present Students | # of Absent Students | # of Missing Students | Names of Missing Students | Last Known Location of the Missing Students | # of Mildly Injured Students | Describe Injuries | # of Severely Injured Students | Describe Injuries |
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Signature of Marshall