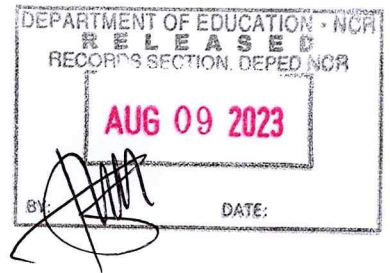




Republic of the Philippines  
**Department of Education**  
NATIONAL CAPITAL REGION



August 7, 2023

**REGIONAL MEMORANDUM**

No. 742, s. 2023

To: Functional Division Chiefs  
Schools Division Superintendents  
Public and Private Elementary and Secondary School Heads  
State/Local Universities and College Heads  
All Others Concerned

**REITERATION ON THE ADOPTION OF THE GUIDELINES ON ENROLLMENT  
FOR THE SCHOOL YEAR 2023-2024**

1. This is in reference to the DepEd Memorandum No. 043, s. 2023 entitled Guidance on the Conduct of Enrollment for School Year 2023-2024 signed by Undersecretary Atty. Michael Wesley T. Poa dated August 4, 2023, which is self-explanatory, for information and appropriate action.
2. DepEd-NCR reiterates full compliance of all SDOs in the enrollment procedures and adherence to the schedule of enrollment from August 7 to 26, 2023. Please refer to Enclosure 1 for the functions and responsibilities of each governance level.
3. All schools shall use the Basic Education Enrollment Form (BEEF) to ensure that necessary information in enrolling learners and other data are properly captured (see attached BEEF).
4. For more information, please contact the Policy, Planning and Research Division through email address [pprd.ncr@deped.gov.ph](mailto:pprd.ncr@deped.gov.ph).
5. Immediate dissemination and compliance of this Memorandum is desired.

**WILFREDO E. CABRAL, CESO III**  
Regional Director

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*Enclosure 1: Functions and Responsibilities*

<b>Governance Level</b>	<b>Pre-Data Collection</b>	<b>Data Collection</b>	<b>Data Retrieval</b>
Regional Office	<p>Disseminate information on enrollment through the DepEd NCR website and FB Page</p> <p>Conduct enrolment orientation on the enrollment procedures</p>	<p>Monitor data encoding in the system</p> <p>Provide support and assistance to SDOs</p>	<p>Access summary of results from the Enhanced BEEF</p> <p>Assess the implications of results on learning delivery</p> <p>Prepare regular regional enrollment updates for public consumption</p>
<p>Schools Division Office</p> <p>Schools Governance Operations Division (SGOD)</p>	<p>Print the enrollment form and Excel template for data collection.</p> <p>Coordinate with the LGU on the conduct of enrollment</p> <p>Disseminate information on enrollment</p> <p>Conduct orientation on the enrollment procedures</p>	<p>Monitor data collection and encoding in the system</p> <p>Provide support and assistance to schools/ CLCs</p>	<p>Access summary of results from the Enhanced BEEF</p> <p>Assess the implications of results on learning delivery</p> <p>Prepare regular SDO-level enrollment updates for public consumption</p>



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<p>School/CLC</p>	<p>Ensure that all teachers have facility and assistance in data collection and LIS encodings</p> <p>Coordinate with the LGU on the conduct of enrollment</p> <p>Disseminate information on the enrollment, especially to parents/legal guardians</p>	<p>Monitor data collection and encoding in the system</p> <p>Provide support to teachers during data collection and encoding</p> <p>School head shall be responsible for the accuracy of data inputted on both LIS Data Quick Count and LIS BOSY facilities</p>	<p>Assess the summary of results from the Enhanced BEEF</p> <p>Assess how these results may affect the learning delivery.</p> <p>Prepare regular community enrolment procedures updates for public consumption</p>
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**BASIC EDUCATION ENROLLMENT FORM**  
THIS FORM IS NOT FOR SALE.

School Year  -   
Grade level to Enroll:

Check the appropriate box only

1. With LRN?  Yes  No      2. Returning (Balik-Aral)  Yes  No

**INSTRUCTIONS:**

Print legibly all information required in CAPITAL letters. Submit accomplished form to the Person-in-Charge/Registrar/Class Adviser. Use black or blue pen only.

**LEARNER INFORMATION**

PSA Birth Certificate No. (if available upon registration) \_\_\_\_\_      Learner Reference No.

(LRN) Last Name       Birthdate (mm/dd/yyyy)  /  /       Place of Birth (Municipality/City)

First Name       Sex  Male  Female      Age       Mother Tongue

Middle Name

Extension Name e.g. Jr., III (if applicable)

Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community  Yes  No      If Yes, please specify: \_\_\_\_\_

Is your family a beneficiary of 4Ps?  Yes  No

If Yes, write the 4Ps Household ID Number below

Is the child a Learner with Disability?  Yes  No

If Yes, specify the type of disability:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Hearing Impairment       | <input type="checkbox"/> Learning Disability            | <input type="checkbox"/> Intellectual Disability                 |
| <input type="checkbox"/> a. blind          | <input type="checkbox"/> Autism Spectrum Disorder | <input type="checkbox"/> Emotional- Behavioral Disorder | <input type="checkbox"/> Orthopedic/Physical Handicap            |
| <input type="checkbox"/> b. low vision     | <input type="checkbox"/> Speech/Language Disorder | <input type="checkbox"/> Cerebral Palsy                 | <input type="checkbox"/> Special Health Problem/ Chronic Disease |
| <input type="checkbox"/> Multiple Disorder |   |   | <input type="checkbox"/> a. Cancer                               |

**Current Address**

House No.	Sitio/Street Name	Barangay	
Municipality/City	Province	Country	Zip Code

Permanent Address      Same with your Current Address?  Yes  No

House No./Street	Street Name	Barangay	
Municipality/City	Province	Country	Zip Code

**PARENT'S/GUARDIAN'S INFORMATION**

<b>Father's Name</b>			
Last Name	First Name	Middle Name	Contact Number
<b>Mother's Maiden Name</b>			
Last Name	First Name	Middle Name	Contact Number
<b>Legal Guardian's Name</b>			
Last Name	First Name	Middle Name	Contact Number

**For Returning Learner (Balik-Aral) and Those Who will Transfer/Move In**

Last Grade Level Completed \_\_\_\_\_

Last School Year Completed \_\_\_\_\_

Last School Attended \_\_\_\_\_

School ID 

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**For Learners in Senior High School**

Semester  1st  2<sup>nd</sup>

Track \_\_\_\_\_

Strand \_\_\_\_\_

**If school will implement other distance learning modalities aside from face-to-face instruction, what would you prefer for your child?**

**Choose all that apply:**

Modular (Print)

Online

Radio-Based Instruction

Blended

Modular (Digital)

Educational Television

Homeschooling

**I hereby certify that the above information given are true and correct o 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