January 27, 2026

DIVISION MEMORANDUM
No. 068 , s. 2026

EARLY REGISTRATION OF LEARNERS FOR SCHOOL YEAR 2026-2027

To: Assistant Schools Division Superintendents
Division Chiefs
Functional Unit Heads
Education Program Supervisors
Public Schools District Supervisors
Public Elementary and Secondary School Heads
Teaching and Non-Teaching Personnel
All Others Concerned

1. Pursuant to **DepEd Order No. 017, s. 2025**, otherwise known as the *Revised Basic Education Enrollment Policy for School Year 2025–2026*, and in reference to **Division Memorandum No. 207, s. 2023**, this Addendum is hereby issued to ensure the **standardized, compliant, and efficient implementation of Early Registration** in all public elementary and secondary schools in the Division.

   Early Registration serves as a pre-enrollment mechanism to support planning for class organization, teacher deployment, and resource allocation, and does not constitute official enrollment, in accordance with national policy.

2. Early Registration shall cover incoming Kindergarten, Grades 1, 7, and 11 learners, including transferees and ALS learners, as provided under Section V of DepEd Order No. 017, s. 2025.

3. SERVICE CREDIT AND COMPENSATORY OVERTIME CREDIT

   a. Eligibility
      Only the following personnel who officially participate and register through the authorized Early Registration link shall be eligible for incentives:

      - Teachers – eligible for *Service Credits*
      - School Administrators, Supervisors and Division Monitoring Team– eligible for *Compensatory Overtime Credit (COC)*

Address: High School Blvd., Brgy. Lourdes, City of San Fernando (P)
Telephone No.: (045) 435-2728; (045) 435-7404
Email Address: pampanga@deped.gov.ph
Website: www.depedpampanga.ph

This shall be subject to the provisions of Division Memorandum No. 140, s. 2025 and Division Memorandum No. 367, s. 2024, and consistent with the principle of accountability under DepEd Order No. 017, s. 2025 .

b. Registration Requirement

All participating teachers, school administrators, and supervisors must individually accomplish the official Early Registration personnel link. Inclusion in the master list shall be based solely on accomplished entries.

https://tinyurl.com/EarlyRegServers2026

c. Certification and Validation

Teachers shall be certified by the School Head as having rendered actual service during the activity. Certification shall serve as the primary basis for validation and evaluation of service credit claims.

d. Performance-Based Grant

The grant of service credits shall be performance-based, evaluated according to the actual accomplishment vis-à-vis the assigned schedule and tasks, in line with monitoring standards.

e. Service Credit and Compensatory Overtime Credit Processing

i. All requests for Service Credit (for teachers) and Compensatory Overtime Credit (CTO) (for School Heads/OICs) relative to the Early Registration activity shall be processed exclusively through the official online link provided by the Schools Division Office. This must be accomplished **per school and not individually.**

https://tinyurl.com/VSCandCTORequest2026

ii. The submission of hard copies or manual requests to the Administrative Office is no longer required. **Requests submitted outside the prescribed online system shall not be processed nor endorsed.**

iii. The accomplished online link, together with the complete and verified requirements embedded therein, shall serve as the sole and

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official basis for the evaluation, validation, and granting of Service Credit or CTO.

iv. Concerned personnel shall ensure that all required information and attachments in the online request are complete, accurate, and truthful. **Incomplete or erroneous submissions may result in disapproval or deferment of the grant.**

v. All online submissions shall be subject to validation by the School Head and the Division Monitoring Team, and approval shall be granted only upon confirmation of actual participation and compliance with the prescribed schedule and tasks.

4. School Heads, with the approval of the Public Schools District Supervisor, shall ensure that the number of teachers deployed for Early Registration activities is proportionate to the learner population of the school.

To avoid invalidation or disapproval of service credit claims:
- Not all teachers are required to report for Early Registration; and
- Deployment must be needs-based and activity-driven, consistent with efficient resource utilization.

5. The following shall constitute the Division Monitoring Team for the Early Registration activity:

NAME	DESIGNATION
Dr. Leandro C. Canlas, CESE	Assistant Schools Division Superintendent
Dr. Arceli S. Lopez	SGOD Chief
JB B. Manalang	Administrative Officer V
Robin D. Perez	Planning Officer III
Dexter E. Pangilinan	Administrative Officer IV – HRMO
Carmen S. Rivera	Administrative Aide VI
Geraldine Zamar	Administrative Aide VI

The team shall monitor compliance, validate registration data, and assess individual accomplishments of participating personnel.

6. Your cooperation and commitment to this activity are highly appreciated as we strive for the seamless enrollment of learners for the upcoming school year.

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Telephone No.: (045) 435-2728; (045) 435-7404
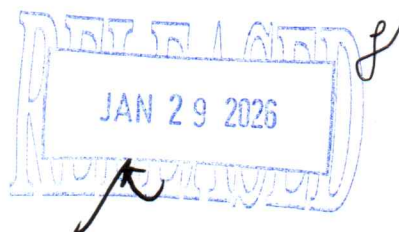**Email Address:** pampanga@deped.gov.ph
Website: www.depedpampanga.ph

7. For any clarifications, please coordinate with the Planning and Research Unit.

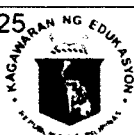8. Wide dissemination of this Memorandum to all concerned is earnestly desired.

ROMEO M. ALIP, PhD, CESO V
Schools Division Superintendent

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As of 05/15/2025

BASIC EDUCATION EARLY REGISTRATION 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 ☐☐☐☐ - ☐☐☐☐   *(For Kindergarten Enrollees)*   **Learner Reference No. (LRN), if applicable:**
2. Grade Level to Enroll: _____   ☐ **Does the learner have attended any**   ☐☐☐☐☐☐☐☐☐☐☐☐
(For SHS) **Track &Strand:** _____   **Early Learning Program?** If yes, specify: _____

3. Learner's Personal Information

Learner's Name: _____
| (Last Name) | (First Name) | (Middle Name) | (Extn. Name, if any) |

Birthdate (mm/dd/yyyy): ☐☐☐☐☐☐☐☐ **Age:** _____ **Sex:** ☐ Male ☐ Female **Religion:** _____

Belonging to any Indigenous Peoples (IP) /Indigenous Cultural Community? ☐ No ☐ If yes, please specify: _____

Is the learner a person with disability (PWD)? ☐ No ☐ If yes, please specify: _____

Current Address: _____
| House No. | Sitio/Street | Barangay | Municipality/City | Province |

Father's Name: _____
| (Last Name) | (First Name) | (Middle Name) | (Extn. Name, if any) |

Mother's Maiden Name: _____
| (Last Name) | (First Name) | (Middle Name) | (Extn. Name, if any) |

Legal Guardian's Name: _____
| (Last Name) | (First Name) | (Middle Name) | (Extn. Name, if any) |

Contact Number: _____
| (Last Name) | (First Name) | (Middle Name) | (Extn. Name, if any) |

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 process the learner's personal information for the purpose of early registration. The personal information herein shall be treated as confidential in compliance with the Data Privacy Act of 2012.

_____
Signature Over Printed Name of Parent/Guardian

_____
Date

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)*

For Kindergarten Enrollees:

☐ Does the learner have attended any Early Learning Program? If yes, please specify: _____

3. Learner's Personal Information

PSA Birth Certificate No. (If available upon registration) _____

Last Name

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

First Name

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Middle Name

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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

☐☐☐☐☐☐☐☐

Birthdate (mm/dd/yyyy)

☐☐ / ☐☐ / ☐☐☐☐

Age ☐☐ Sex ☐ Male ☐ Female

Place of Birth (Municipality/City)

Religion

Mother Tongue

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, please write the 4Ps Household ID Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Current Address

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

Permanent Address — Same with your Current Address? ☐ Yes ☐ No If Yes, proceed to item 4

House No.	Sitio/Street Name		Barangay	
Municipality/City	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:

☐ Attention Deficit Hyperactivity Disorder ☐ Intellectual Disability ☐ Special Health Problem/Chronic Disease

☐ Autism Spectrum Disorder ☐ Learning Disability ☐ Cancer ☐ Non-Cancer

☐ Cerebral Palsy ☐ Multiple Disabilities ☐ Visual Impairment

☐ Emotional-Behavior Disorder ☐ Orthopedic/Physical Handicap ☐ Blind ☐ Low Vision

☐ Hearing Impairment ☐ Speech/Language Disorder

a2. With Manifestations

☐ Difficulty in Applying Knowledge ☐ Difficulty in Mobility (Walking, Climbing and Grasping)

☐ Difficulty in Communicating ☐ Difficulty in Performing Adaptive Skills (Self-Care)

☐ Difficulty in Displaying Interpersonal Behavior (Emotional and Behavioral) ☐ Difficulty in Remembering, Concentrating, Paying Attention and Understanding

☐ Difficulty in Hearing ☐ Difficulty in Seeing

b. Does the Learner have a PWD ID? ☐ Yes ☐ No

6. 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 ☐☐☐☐☐☐

7. For Learner in Senior High School

Semester ☐ 1st ☐ 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:

☐ Blended (Combination) ☐ Homeschooling ☐ Modular (Print) ☐ Radio-Based Television

☐ Educational Television ☐ Modular (Digital) ☐ 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 process the learner's personal information to create and/or update his/her learner profile in the Learner Information System.

The personal information herein shall be treated as confidential in compliance with the Data Privacy Act of 2012.

_____
Signature Over Printed Name of Parent/Guardian

_____
Date

Slip 1 (top-left)

Department of Education
Region:_____
Division:_____
School ID:_____
School Name:_____

CONFIRMATION SLIP

Name of Learner: _____
Learner's Reference No: ☐☐☐☐☐☐☐☐☐☐☐☐
Grade Level to Enroll: _____
Parent's or
Legal Guardian's Name: _____
Contact No.: _____

Do you confirm the enrollment of the learner in this school
for SY [__ - __] [__ ? __]   ☐ YES ☐ NO

_____
Signature over Printed Name of Parent/Legal Guardian

_____
Date

Slip 2 (top-right)

Department of Education
Region:_____
Division:_____
School ID:_____
School Name:_____

CONFIRMATION SLIP

Name of Learner: _____
Learner's Reference No: ☐☐☐☐☐☐☐☐☐☐☐☐
Grade Level to Enroll: _____
Parent's or
Legal Guardian's Name: _____
Contact No.: _____

Do you confirm the enrollment of the learner in this school
for SY [__ - __] [__ ? __]   ☐ YES ☐ NO

_____
Signature over Printed Name of Parent/Legal Guardian

_____
Date

Slip 3 (bottom-left)

Department of Education
Region:_____
Division:_____
School ID:_____
School Name:_____

CONFIRMATION SLIP

Name of Learner: _____
Learner's Reference No: ☐☐☐☐☐☐☐☐☐☐☐☐
Grade Level to Enroll: _____
Parent's or
Contact No.: _____

Do you confirm the enrollment of the learner in this school
for SY [__ - __] [__ ? __]   ☐ YES ☐ NO

_____
Signature over Printed Name of Parent/Legal Guardian

_____
Date

Slip 4 (bottom-right)

Department of Education
Region:_____
Division:_____
School ID:_____
School Name:_____

CONFIRMATION SLIP

Name of Learner: _____
Learner's Reference No: ☐☐☐☐☐☐☐☐☐☐☐☐
Grade Level to Enroll: _____
Parent's or
Contact No.: _____

Do you confirm the enrollment of the learner in this school
for SY [__ - __] [__ ? __]   ☐ YES ☐ NO

_____
Signature over Printed Name of Parent/Legal Guardian

_____
Date