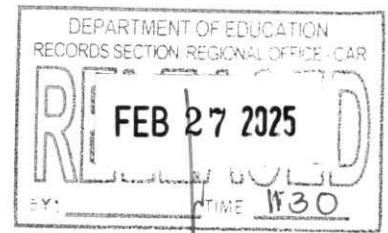




Republic of the Philippines  
**Department of Education**  
CORDILLERA ADMINISTRATIVE REGION



February 25, 2025

**REGIONAL MEMORANDUM**

No. 144.2025

**TAGGING OF INDIGENOUS PEOPLES (IP) LEARNERS IN THE  
LEARNER'S INFORMATION SYSTEM (LIS)**

To: Assistant Regional Director  
Schools Division Superintendents/OICs  
Regional Office Chiefs/OICs  
School Heads  
IPed Focal

1. Relative to the use of Basic Education Enrolment Form DepEd Memorandum No. 32 s. 2024, Annex 1 on the filling up of Learner's Personal Information to LIS, Schools Division Offices are advised to appropriately tag IP learners for SY 2025-2026.
2. This memorandum aims to verify the existing information in the LIS on the number of IP learners in Region CAR.
3. Tagging of IP learners in the LIS shall be done by teachers in reference to 1997 IPRA Law RA 8371 Section 3 (h) on the definition of an IP Learner.
4. Re-orientation activities related to tagging of IP learners are highly encouraged.
5. Any queries on this memorandum shall be addressed to CLMD/CID -IP Focal and/or Policy, Planning and Research Division.
6. For information, guidance, and compliance of all concerned.

  
**ESTELA P. LEON-CARIÑO EdD, CESO III**  
Director IV/ Regional Director 

PPRD/EET



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Telephone No: (074) 422 - 1318

Email Address: car@deped.gov.ph



DepEd Tayo Cordillera



<https://depedcar.ph>



Certification No. PFP 0282  
24 03 0132



Republic of the Philippines  
**Department of Education**

DepEd O R D E R  
No. **32**, s. 2015

29 JUL 2015

**ADOPTING THE INDIGENOUS PEOPLES EDUCATION CURRICULUM FRAMEWORK**

To: Undersecretaries  
Assistant Secretaries  
Bureau Directors  
Directors of Services, Centers and Heads of Units  
Regional Directors  
Schools Division Superintendents  
Heads, Public and Private Elementary and Secondary Schools  
All Others Concerned

1. Pursuant to DepEd Order No. 62, s. 2011 entitled *Adopting the National Indigenous Peoples Education (IPEd) Policy Framework* and DepEd Order No. 43, s. 2013 entitled *Implementing Rules and Regulations of Republic Act No. 10533 Otherwise Known as the Enhanced Basic Education Act of 2013*, the Department of Education (DepEd) is adopting the enclosed **Indigenous Peoples Education Curriculum Framework**.
2. Recognizing the right of indigenous peoples to basic education that is culturally rooted and responsive, the IPEd Curriculum Framework seeks to provide guidance to schools and other education programs, both public and private, as they engage with indigenous communities in localizing, indigenizing, and enhancing the K to 12 Curriculum based on their respective educational and social contexts.
3. Fundamental to IPEd is establishing institutionalized partnership between indigenous communities and the respective schools/learning programs which serve them. This is to be pursued through sustainable community engagement which guarantees the meaningful participation of indigenous communities in the recognition of their Indigenous Knowledge Systems and Practices (IKSPs) and Indigenous Learning Systems (ILS) in the Basic Education Curriculum.
4. The continuous process of community engagement and refinement of the IPEd curriculum at the school community level actualizes the Department's commitment to the attainment of the abovementioned right of indigenous peoples to education. In this regard, for schools and learning programs serving indigenous learners, the aims of the K to 12 Program are realized through IPEd.
5. The IPEd Curriculum Framework was formulated based on inputs from a series of consultations conducted by the DepEd – Indigenous Peoples Education Office (IPsEO) with community elders, leaders, and implementers of community-based IPEd initiatives.
6. Immediate dissemination of and strict compliance with this Order is directed.

  
**BR. ARMIN A. LUISTRO FSC**  
Secretary

- f) inter-relating the competencies specified in the national curriculum with community competencies in enhancing the curriculum and the teaching-learning process;
- g) integrative teaching of subjects towards 21<sup>st</sup> century skills so that they relate to IKSPs and its elements (e.g., technologies, practices), and relevant to the learner's culture;
- h) recognizing and including the community's teaching-learning approaches and methods, and methods of assessment in the teaching-learning process;
- i) recognizing the community as the wider space, environment, and resource for learning;
- j) involving culture bearers and/or IKSP holders as co-facilitators in the teaching-learning process;
- k) incorporating the community's narratives of local and national history, and contemporary issues and concerns confronted by indigenous peoples;
- l) designing the senior high school curriculum to be responsive and suited to the needs, concerns, and aspirations of the community.

(Examples of localization and indigenization of the curriculum as defined are provided in the Annex.)

- **Indigenous Peoples/Indigenous Cultural Community (IP/ICC)** refers to “a group of people or homogenous societies identified by self-ascription and ascription by others, who have continuously lived as organized community on communally bounded and defined territory, and who have, under claims of ownership since time immemorial, occupied, possessed and utilized such territories, sharing common bonds of language, customs, tradition and other distinctive cultural traits, or who have, through resistance to political, social and cultural inroads of colonization, non-indigenous religions and culture, become historically differentiated from the majority of Filipinos. IP/ICC shall likewise include peoples who are regarded as indigenous on account of their descent from the populations which inhabited the country, at the time of conquest or colonization, or at the time of inroads of non-indigenous religions and cultures, or the establishment of present state boundaries, who retain some or all of their own social, economic, cultural and political institutions, but who may have been displaced from their traditional domains or who may have resettled outside their ancestral domains” (Section 3(h), RA 8371).
- **Indigenous socio-cultural institutions** include the intellectual, spiritual, and social dimensions of a culture that are interlinked and practiced as one integral system. The intellectual dimension pertains to the promotion of important values for the common good and the transmission of accumulated knowledge to the younger generation; the spiritual dimension refers to the inherent web of relationships that promote the well-being of the whole ancestral domain as expressed in rituals, beliefs, and practices; the social



Republic of the Philippines  
**Department of Education**

JUN 25 2024

DepEd MEMORANDUM  
No. **032**, s. 2024

**ENROLLMENT GUIDELINES FOR SCHOOL YEAR 2024–2025**

To: Undersecretaries  
Assistant Secretaries  
Minister, Basic, Higher and Technical Education, BARMM  
Bureau and Service Directors  
Regional Directors  
Schools Division Superintendents  
Public and Private Elementary and Secondary School Heads  
State/Local Universities and Colleges Heads  
Philippine Schools Overseas Heads  
All Others Concerned

1. This Memorandum is issued to inform and provide guidance to all public schools and community learning centers (CLCs) on the enrollment procedures and protocols for School Year (SY) 2024–2025.

2. Consistent with DepEd Order (DO) No. 003, s. 2024 titled Amendment to DepEd Order No. 022, s. 2023 (Implementing Guidelines on the School Calendar and Activities for the School Year 2023–2024), SY 2024–2025 shall start on July 29, 2024. Hence, the Department of Education (DepEd) announces the conduct of enrollment in all public schools from **July 3 to 26, 2024**.

3. Enrollment in public elementary and secondary schools, including CLCs, shall be conducted through any of the following options:

- a. In-person Enrollment;
- b. Remote Enrollment (short messaging services [SMS] or any messaging applications, or email using the school's official numbers/accounts or email addresses, among others); and
- c. Dropbox Enrollment (located in schools, *barangay* halls near the school).


4. Private schools, state/local universities and colleges (SUCs/LUCs), and Philippine Schools Overseas (PSOs) offering basic education may adopt their own enrollment procedures consistent with their charters/school manuals and applicable DepEd policies. They shall report their official enrollment through their respective schools division offices **on or before July 22, 2024**. In the case of PSOs, their official enrollment shall be submitted to the Private Education Office (PEO).

5. The Basic Education Enrollment Form (Enclosure No. 1) shall be required for all public elementary and secondary schools for incoming Kindergarten, Grades 1, 7, and 11 enrollees, and transferees while a Confirmation Slip (Enclosure No. 2) shall be required for Grades 2–6, Grades 8–10, and Grade 12 enrollees to confirm their enrollment.

6. The Modified Alternative Learning System (ALS) Enrollment Form (Enclosure No. 3) shall be required for all ALS enrollees.
7. The documentary and eligibility requirements stipulated in DO 03, s. 2018 (Basic Education Enrollment Policy) shall remain in effect and shall be submitted **until October 31, 2024**. It is reiterated that in the absence of a Philippine Statistics Authority (PSA) Birth Certificate, the Birth Certificate (late registration) from the local civil registrar or a *Barangay* Certification containing the basic information of the child such as (a) name of the child (first name, middle name, last name); (b) name of parents; (c) date of birth; and (d) sex, may be submitted.
8. All public elementary and secondary schools shall strictly adhere to DO 19, s. 2008 (Implementation of No Collection Policy in All Public Elementary and Secondary Schools) regarding the authorized but voluntary fee collections. No payment collections shall be made as pre-requisite for the enrollment of learners particularly in the public schools.
9. Authorities of public and private schools are instructed to strictly enforce and implement the Kindergarten cut-off age as stipulated in DO 020, s. 2018 (Amendment to DepEd Order No. 47, s. 2016).
10. On the transmission of school records, only school's authorized personnel shall transmit the learners' records. Schools shall not compel learners and/or their parents/legal guardians to take responsibility in the transmission of learners' records.
11. Schools division superintendents and school heads shall facilitate the conduct of advocacy campaigns within their respective jurisdictions to inform the general public and encourage parents/legal guardians of prospective learners to enroll their school-aged children for SY 2024–2025.
12. For more information, please contact the **Planning Service-Education Management Information System Division**, 2nd Floor, Teodora Alonzo Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City through email at [ps.emisd@deped.gov.ph](mailto:ps.emisd@deped.gov.ph), and the **Office the Assistant Secretary for Operations-Field Operations** at [asec.ops@deped.gov.ph](mailto:asec.ops@deped.gov.ph).
13. Immediate dissemination of this Memorandum is desired.

By Authority of the Secretary:



  
**NOLASCO A. MEMPIN**  
Undersecretary

Encls.:

As stated

References:

DepEd Order (Nos. 003, s. 2024; 20 and 03, s. 2018; and 19 s. 2008)  
DepEd Memorandum No. 043, s. 2023

8

To be indicated in the Perpetual Index  
under the following subjects:

ADMISSION  
BASIC EDUCATION  
CAMPAIGN  
DATA  
ENROLLMENT  
KINDERGARTEN EDUCATION  
LEARNERS  
RULES AND REGULATIONS

JDMC/APA/MPC, DM Enrollment Guidelines for SY 2024-2025  
0142 - April 30/May 10, 2024



**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)

**3. Learner's Personal Information**

PSA Birth Certificate No. (If available upon registration)		_____	
Last Name		Birthdate (mm/dd/yyyy)	
<input type="text"/>		<input type="text"/>	
First Name		Age      Sex	
<input type="text"/>		<input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female	
Middle Name		Place of Birth (Municipality/City)	
<input type="text"/>		<input type="text"/>	
Extension Name e.g. Jr., III (If applicable)		Religion	
<input type="text"/>		<input type="text"/>	
Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community?		Mother Tongue	
<input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, please specify: _____		<input type="text"/>	
Is your family a beneficiary of 4Ps? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please write the 4Ps Household ID Number			
<input type="text"/>			
Current Address			
House No.	Sitio/Street Name	Barangay	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Municipality/City	Province	Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Address      Same with your Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes, proceed to item 4			
House No.	Sitio/Street Name	Barangay	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Municipality/City	Province	Country	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. Parent's/Guardian's Information**

Father's Name			
Last Name	First Name	Middle Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Maiden Name			
Last Name	First Name	Middle Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Legal Guardian's Name			
Last Name	First Name	Middle Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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:**

<input type="checkbox"/> Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Special Health Problem/Chronic Disease
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Cancer <input type="checkbox"/> Non-Cancer
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional-Behavior Disorder	<input type="checkbox"/> Orthopedic/Physical Handicap	<input type="checkbox"/> Blind <input type="checkbox"/> Low Vision
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Speech/Language Disorder	

**a2. With Manifestations**

<input type="checkbox"/> Difficulty in Applying Knowledge	<input type="checkbox"/> Difficulty in Mobility (Walking, Climbing and Grasping)
<input type="checkbox"/> Difficulty in Communicating	<input type="checkbox"/> Difficulty in Performing Adaptive Skills (Self-Care)
<input type="checkbox"/> Difficulty in Displaying Interpersonal Behavior (Emotional and Behavioral)	<input type="checkbox"/> Difficulty in Remembering, Concentrating, Paying Attention and Understanding
<input type="checkbox"/> Difficulty in Hearing	<input type="checkbox"/> 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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**7. For Learner in Senior High School**

Semester <input type="checkbox"/> 1st <input type="checkbox"/> 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:

<input type="checkbox"/> Blended (Combination)	<input type="checkbox"/> Homeschooling	<input type="checkbox"/> Modular (Print)	<input type="checkbox"/> Radio-Based Television
<input type="checkbox"/> Educational Television	<input type="checkbox"/> Modular (Digital)	<input type="checkbox"/> 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 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

*d*




 Department of Education  
Region: \_\_\_\_\_  
Division: \_\_\_\_\_  
School ID: \_\_\_\_\_  
School Name: \_\_\_\_\_

**CONFIRMATION SLIP**

NAME: \_\_\_\_\_  
LRN: \_\_\_\_\_  
GRADE LEVEL: \_\_\_\_\_

CONFIRMATION OF ENROLLMENT IN THE SCHOOL:  YES  NO

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal Guardian


 Department of Education  
Region: \_\_\_\_\_  
Division: \_\_\_\_\_  
School ID: \_\_\_\_\_  
School Name: \_\_\_\_\_

**CONFIRMATION SLIP**

NAME: \_\_\_\_\_  
LRN: \_\_\_\_\_  
GRADE LEVEL: \_\_\_\_\_

CONFIRMATION OF ENROLLMENT IN THE SCHOOL:  YES  NO

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal Guardian


 Department of Education  
Region: \_\_\_\_\_  
Division: \_\_\_\_\_  
School ID: \_\_\_\_\_  
School Name: \_\_\_\_\_

**CONFIRMATION SLIP**

NAME: \_\_\_\_\_  
LRN: \_\_\_\_\_  
GRADE LEVEL: \_\_\_\_\_

CONFIRMATION OF ENROLLMENT IN THE SCHOOL:  YES  NO

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal Guardian

 Department of Education  
Region: \_\_\_\_\_  
Division: \_\_\_\_\_  
School ID: \_\_\_\_\_  
School Name: \_\_\_\_\_

**CONFIRMATION SLIP**

NAME: \_\_\_\_\_  
LRN: \_\_\_\_\_  
GRADE LEVEL: \_\_\_\_\_

CONFIRMATION OF ENROLLMENT IN THE SCHOOL:  YES  NO

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal Guardian



**MODIFIED ALS ENROLLMENT FORM**  
**(AF2) Learner's Basic Profile**  
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/ALS Teacher/Community ALS Implementor/Learning Facilitator. Use black or blue pen only.

Date: (mm/dd/yyyy)

		/			/						
--	--	---	--	--	---	--	--	--	--	--	--

Learner Reference No. (LRN)? If available:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**1. Learner's Personal Information**

Last Name												Birthdate (mm/dd/yyyy)																																	
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First Name												Age		Sex																															
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Extension Name e.g. Jr., III (If applicable)						Contact Number/s						Religion																																	
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Is your family a beneficiary of 4Ps? <input type="checkbox"/> Yes <input type="checkbox"/> No												Civil Status																																	
If Yes, please write the 4Ps Household ID Number												<input type="checkbox"/> Single <input type="checkbox"/> Married																																	
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												<input type="checkbox"/> Solo Parent																																	
Current Address																																													
House No.				Sitio/Street Name								Barangay																																	
Municipality/City				Province				Country				Zip Code																																	
Permanent Address Same with your Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, proceed to item 2																																													
House No.				Sitio/Street Name								Barangay																																	
Municipality/City				Province				Country				Zip Code																																	

**2. Parent's/Guardian's Information**

Father's Name				
Last Name		First Name	Middle Name	Occupation
Mother's Maiden Name				
Last Name		First Name	Middle Name	Occupation
Legal Guardian's Name				
Last Name		First Name	Middle Name	Occupation

8

a. Is the Learner PWD?  Yes  No

If Yes, specify the type of disability

<input type="checkbox"/> Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Special Health Problem/Chronic Disease
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Cancer <input type="checkbox"/> Non-Cancer
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional-Behavior Disorder	<input type="checkbox"/> Orthopedic/Physical Handicap	<input type="checkbox"/> Blind <input type="checkbox"/> Low Vision
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Speech/Language Disorder	

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

**3. Educational Information**

Last grade level completed (Check only if applicable)								
ELEMENTARY				JUNIOR HIGH SCHOOL			SENIOR HIGH SCHOOL	
<input type="checkbox"/> Kinder	<input type="checkbox"/> Grade 1	<input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 5	<input type="checkbox"/> Grade 7	<input type="checkbox"/> Grade 9	<input type="checkbox"/> Grade 11		
	<input type="checkbox"/> Grade 2	<input type="checkbox"/> Grade 4	<input type="checkbox"/> Grade 6	<input type="checkbox"/> Grade 8	<input type="checkbox"/> Grade 10			

<p>Why did you not attend/complete schooling (For OSY only)</p> <p><input type="checkbox"/> No school in barangay</p> <p><input type="checkbox"/> School too far from home</p> <p><input type="checkbox"/> Needed to help family</p> <p><input type="checkbox"/> Unable to pay for miscellaneous and other expenses</p> <p><input type="checkbox"/> Others: (Pls specify) _____</p>	<p>Have you attended ALS learning sessions before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, check the appropriate program:</p> <p><input type="checkbox"/> Basic Literacy <input type="checkbox"/> A&amp;E Secondary</p> <p><input type="checkbox"/> A&amp;E Elementary <input type="checkbox"/> ALS SHS</p> <p>Have you completed the program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, state the reason: _____</p>
---	---

**4. Accessibility and Availability of CLC**

1. How far is your home to your Learning Center? in kms \_\_\_\_\_ in hours and mins. \_\_\_\_\_

2. How do you get from your home to your Learning Center?

Walking  Motorcycle  Bicycle  Others (Please specify) \_\_\_\_\_

3. Please provide the specific day and time you can be at your Learning Center.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

5. If the school will implement other distance learning modalities aside from face-to-face instruction, what would you prefer for the learner:

Check all that applies:

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

Educational Television  Modular (Digital)  Online

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I authorize the Department of Education to utilize the details specified above for the purpose of creating and/or updating his/her 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 and Date

\_\_\_\_\_  
ALS Teacher/Community ALS Implementor/Learning Facilitator  
Signature over Printed Name and Date