



Republic of the Philippines
Department of Education
 Caraga Region
SCHOOLS DIVISION OF SURIGAO DEL SUR

DIVISION MEMORANDUM
 No. 230, s. 2025

DEPED SCHOOLS DIVISION OF SURIGAO DEL SUR
RELEASED
 DATE: 6/5/2025
 TIME: 4:27 pm
 SIGNATURE:

To: CID Chief
 Division ALS Focal Person
 Education Program Specialist-ALS
 Public Schools District Supervisors
 ALS Teachers
 All Others Concerned

**ENROLMENT IN THE ALTERNATIVE LEARNING SYSTEM (ALS)
 FOR SCHOOL YEAR 2025-2026**

1. In consonance with DepEd Order No. 12, s. 2025, titled Implementing Guidelines on the School Calendar and Activities for School Year 2025-2026, the DepEd Surigao del Sur Division shall conduct the enrolment in the Alternative Learning System (ALS) for School Year 2025-2026 on June 9-13, 2025. This shall be done in community learning centers. This initiative aims to ensure that out-of-school youth and adults (OSYA) are provided with opportunities to complete basic education through non-formal education pathways.
2. The enrolment activity aims to:
 - a. Systematically identify and enrol learners in the ALS program;
 - b. Update and maintain accurate learners' profile
 - c. Facilitate the development of Individual Learning Agreements (ILAs)
 - d. Strengthen community engagement and support for ALS initiatives

3. Below are the terms of reference of the following:

Responsible Persons	Terms of Reference
ALS Teachers	<ul style="list-style-type: none"> • Facilitate enrolment activities, conduct learner assessments, and maintain accurate records. • Submit enrolment report to the PSDS/DIC
Public Schools District Supervisors/District In Charge	<ul style="list-style-type: none"> • Assist in coordinating enrolment efforts within their respective districts.



	<ul style="list-style-type: none"> • Consolidate and analyze enrolment results and submit to the CID Office not later than June 13, 2025.
Education Program Specialist in ALS	<ul style="list-style-type: none"> • Receive enrolment report with analysis from the 21 districts • Prepare Consolidated ALS Enrolment Report by program
Division ALS Focal Person	<ul style="list-style-type: none"> • Oversee the enrolment process in all community learning centers • Provide technical assistance on enrolment concerns • Make analysis report with recommendations based on the consolidated enrolment report • Submit to the CID Chief the division report on enrolment with analysis and recommendation for review • Prepare final report and submit to the office of the Schools Division Superintendent for approval . • Submit approved report to the regional office through the Regional ALS Focal Person
CID Chief	<ul style="list-style-type: none"> • Provide overall supervision in the implementation of ALS enrolment activities across all districts.

	<ul style="list-style-type: none"> • Ensure that enrolment targets are achieved and aligned with DepEd guidelines and that of ALS Curriculum Framework and calendar. • Enforce the use of standardized enrolment forms (AF2) and learner validation processes • Review the Division ALS Enrolment Report
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4. ALS teachers shall be given service credits as per DepEd Order No. 53, s. 2003 , authorized grant of service credits to teachers for work beyond regular functions or beyond regular work hours/days where payment of honorarium or overtime pay is not possible. Non-teaching personnel shall also be granted with Compensatory Time Off (CTO).
5. Expenses incurred during the conduct of the ALS Enrolment may be charged to local funds, ALS Travelling Allowance or other available resources, subject to the usual accounting and auditing rules and regulations.
6. Immediate dissemination of this Memorandum is desired.



LORENZO O. MACASOCOL, PhD, CESO V
Schools Division Superintendent

Encl.: ALS Enrolment Forms
Reference: ALS Enrolment, SY 2025-2026
To be indicated in the Perpetual Index
under the following subjects:

ALS

ENROLMENT

CID/ALS
06/2/2025

Annex 1: ALS Enrolment Form (AF2)



MODIFIED ALS ENROLLMENT FORM (AF2) Learner's Basic Profile

THIS FORM IS NOT FOR SALE.



Revised on 12-12-2014
ANNEX 2

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)

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Learner Reference No. (LRN)? If available:

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1. Learner's Personal Information

Last Name		Birthdate (mm/dd/yyyy)																																																																																														
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2. Parent's/Guardian's Information

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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: (P/s 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"/> ASE Secondary</p> <p><input type="checkbox"/> ASE 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>
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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

