



Republic of the Philippines  
**Department of Education**  
REGION VII – CENTRAL VISAYAS  
Schools Division of Cebu Province

**Office of the Schools Division  
Superintendent**

February 18, 2020

DIVISION MEMORANDUM

No. 064, 2020

**DIVISION CONFERENCE-WORKSHOP OF ALL PUBLIC SENIOR HIGH SCHOOL (SHS) SCHOOL REGISTRARS/RECORDS IN-CHARGE ON THE CHECKING OF APPLICATION FORMS FOR GRADUATION**

To :Assistant Schools Division Superintendents  
CID/SGOD Chiefs  
Education Program Supervisor/Coordinator  
Public Schools District Supervisors/OICs  
Public SHS School Heads

1. This Office announces the schedule of the **Division Conference-Workshop of all Public Senior High School (SHS) School Registrars/Records-In-Charge on the checking of application forms for graduation** on the following schedules, to wit:

No.	Area	Venue	Date
1	Northeast Public Schools	Ecotech Center, Cebu City	February 26, 2020
2	Southeast Public Schools	Ecotech Center, Cebu City	February 27, 2020
3	Northwest Public Schools	Ecotech Center, Cebu City	February 28, 2020
4	Southwest Public Schools	Ecotech Center, Cebu City	February 29, 2020

2. Participants to the conference should bring the SHS Form 9 and supporting documents which are pre-checked in the district level by a committee composed of the following:

Chairman : Public Schools District Supervisor  
Members : Public SHS Principal  
SHS Registrar or Guidance Counselor

The Division Technical Working Group (TWG) will be composed of selected Senior High School (SHS) School Heads and Public Schools District Supervisors.

3. The District SHS Checking Committee shall ensure that all Students' Evaluation Form for Senior High School and other supporting documents are properly checked. Corrections made by the District Checking Committee must be incorporated first in the final copy and should bear certification and endorsement from the District Checking Committee before the conduct of the Division Conference-Workshop of all Public Senior High School, School Registrars/Records-In-Charge.



**Address:** DepEd Cebu Province, IPHO Bldg., Sudlon, Lahug, Cebu City  
**Telephone Nos.:** 032-2556405  
**Email Address:** cebu.province@deped.gov.ph

4. The following documents shall be checked by the Division Technical Working Group (TWG) to wit:
  - a. Certification and endorsement from the District Checking Committee;
  - b. Authority to Open and Offer Track, Strand and Specialization;
  - c. Senior High School (SHS)-Student's Evaluation Form (Original Copy);
  - d. School Form 1, School Form 2, School Form 4, School Form 5A, School Form 5B, Form 6, School Form 7, School Form 10 (Form 137A);
  - e. Print-out of the eTool Program (School Program Grade 11 & 12)
  - f. Work Immersion Package (1 copy per strand)
  - g. Authority to Overload/Cross Enroll/Take Summer Class (if applicable);and
  - h. NSO Certificate.
5. For purposes of discussing further the mechanics of the Division Conference-Workshop of all Public Senior High School (SHS) School Registrars/Records-In-Charge on the Checking of Application Forms for Graduation, there will be a Conference of all the members of the Division Technical Working Group (TWG) on February 21, 2020 (Friday) at the Division Learning Resource Center, DepEd Cebu Province Division Office, Sudlon, Lahug, Cebu City from 1:00 to 5:00 o'clock in the afternoon.
6. Registration Fee is **Eight Hundred Pesos (Php 800.00)** to cover the venue, lunch and snacks. Registration fee, travel, per diem and other incidental expenses of the Division Technical Working Group (TWG) and school representatives shall be chargeable against local/school MOOE funds, subject to the usual accounting and auditing rule and regulations. Failure to send representative, the school shall pay the Registration Fee.
7. Compensatory Time Off (CTO) or Service Credit is hereby granted to division, district, and school personnel who will be rendering actual services on Saturday.
8. This Memorandum serves as participants' **Authority to Travel**.
9. Immediate and wide dissemination of and strict compliance with this Memorandum is directed.

  
**MARILYN S. ANDALES, EdD CESO V**  
Schools Division Superintendent

### Division SHS Technical Working Group

No.	Name	
1	Dr. Leah B. Apao	Asst. Schools Division Superintendent
2	Dr. Novie O. Mangubat, SGOD Chief	Supervising Officer
3	Dr. Mary Ann P. Flores, CID Chief	Supervising Officer
4	Dr. Clavel D. Salinas	Chair
5	Mr. Isaiash T. Wagas	Co-Chair
6	Dr. Arlene D. Buot	Principal, Carmen NHS-Day
7	Mrs. Marivic M. Yballe	Principal, Nangka NHS
8	Mrs. Candida C. Purgatorio	Principal, Moalboal NHS
9	Mrs. Emelia S. Ibones	Principal, Jugan NHS
10	Mrs. Maryluz T. Alliser	School Head, Lataban NHS
11	Dr. Samuel Ponce	PSDS, Catmon District
12	Dr. Gladys S. Balagtas	PSDS, Barili District
13	Dr. Imelda Gealon	PSDS, Argao District
14	Dr. Imelda V. Canoy	Principal, Sibonga NHS
15	Dr. Prescilla Cacanog	PSDS, Liloan District
16	Mr. Melville dela Pena	Principal, Madridejos NHS
17	Dr. Anecita U. Mendez	Principal, Teodoro dela Vega NHS
18	Dr. Emma Olandria	Principal, Manatad NHS
19	Cefrelyn Sotto	Principal, Compostela NHS-Night
20	Elmalou Orandoy	Head Teacher, Mangyan NHS
21	Mila Surbano	Principal, Camotes NHS
22	Cheryl Baritua	Principal, Teotimo Abellana NHS
23	Mary Lady Uytico	Principal, Magsico NHS

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Republic of the Philippines  
**Department of Education**  
Region VII, Central Visayas  
**DIVISION OF CEBU PROVINCE**  
IPHO Bldg., Sudlon, Lahug, Cebu City



## CERTIFICATION

This is to certify that the District Checking Committee for Senior High School (SHS) Form 9 has checked, verified and validated all supporting documents of \_\_\_\_\_ of \_\_\_\_\_ and are found to be true, authentic and in order as inspected.

Issued this \_\_\_\_\_ day of \_\_\_\_\_ in the municipality of \_\_\_\_\_, Cebu, Philippines.

\_\_\_\_\_  
PSDS – Chairman

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

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### DIVISION CHECKING AND REVIEW COMMITTEE

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | OK as to Authority to Open and Offer SHS and Teachers Qualification              |
| <input type="checkbox"/> | Ok as to Compliance of the Subject Sequence, Combination and Required # of Hours |
| <input type="checkbox"/> | Ok as to Immersion Requirement   |
| <input type="checkbox"/> | Ok as to Other Supporting Documents  |
| <input type="checkbox"/> | Ok as to Permit to Operate   |
| <input type="checkbox"/> | Lacks in _____   |

Reviewed by:

\_\_\_\_\_  
Cluster Chairman

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

**Note:** This certification shall be printed at the back of the form 9 of every student.



## SENIOR HIGH SCHOOL (SHS) STUDENT'S EVALUATION FORM

LRN #: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Sex: \_\_\_\_\_  
Place of Birth: Province \_\_\_\_\_ Town: \_\_\_\_\_ Barrio: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address of Parent/Guardian: \_\_\_\_\_  
Elementary School Completed: \_\_\_\_\_ School Year: \_\_\_\_\_  
Address of Elementary School: \_\_\_\_\_ General Average: \_\_\_\_\_  
Junior High School Completed (School): \_\_\_\_\_ School Year: \_\_\_\_\_  
Address of Junior High School: \_\_\_\_\_ General Average: \_\_\_\_\_  
Total Number of Years in School to Date: \_\_\_\_\_  
Track: \_\_\_\_\_

Strand/Spe

**GRADE ELEVEN**  
(First Semester) School Year: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_

CODE	SUBJECTS	Final Grade	No. of Hours	Action Taken
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed

Total Days of School: \_\_\_\_\_ Total Days Present: \_\_\_\_\_  
Total Number of Years in School to Date: \_\_\_\_\_

**GRADE ELEVEN**  
(Second Semester) School Year: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_

CODE	SUBJECTS	Final Grade	No. of Hours	Action Taken
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed

Total Days of School: \_\_\_\_\_ Total Days Present: \_\_\_\_\_

**GRADE TWELVE**  
(First Semester) School Year: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_

CODE	SUBJECTS	Final Grade	No. of Hours	Action Taken
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed

Total Days of School: \_\_\_\_\_ Total Days Present: \_\_\_\_\_  
Total Number of Years in School to Date: \_\_\_\_\_

**GRADE TWELVE**  
(Second Semester) School Year: \_\_\_\_\_  
Name of School: \_\_\_\_\_  
Address of School: \_\_\_\_\_

CODE	SUBJECTS	Final Grade	No. of Hours	Action Taken
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed
				Passed

Total Days of School: \_\_\_\_\_ Total Days Present: \_\_\_\_\_

SUMMARY OF NUMBER OF HOURS		
SUBJECTS	NO. OF SUBJECTS	NO. OF HOURS
CORE SUBJECTS	22	1760 hours
APPLIED SUBJECTS	7	560 hours
SPECIALIZATION		
TVL-IA-Automotive		320 hours
TVL-IA-Automotive-Immersion		320 hours
<b>TOTAL</b>		<b>2960 hours</b>

Reviewed by the Division Checking and Review Committee

VLAVEL D. SALINAS, EdD  
SHS Division Coordinator

I hereby certify that this is a true record of  
as per requirements. This certifies further that  
he/she completed the academic requirements of  
Senior High School and eligible for admission  
to College.

School Principal