





DAGUPAN OF CITY SCHOOLS





TO:

Heads of Public Elementary & Secondary Schools

75 Marm

FROM:

FROSERFINA J. BRAVO

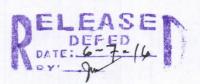
OIC - Schools Division Superintender

SUBJECT:

Schedule of Submission of Reports

DATE:

June 7, 2016



You are hereby advised to submit the following reports at the SGOD - Division Planning Unit - c/o Joann Jimenez (enrolment can be sent thru email at dagupancity.planning@gmail.com — use EXCEL) by following the attached format. Each report should be submitted in two (2) copies, paper size "A4".

a. Enrolment

	IICIIC	June 13, 2016
	First Tentative Enrolment	
-	I II St. I Circulate a mit	June 14, 2016
	Second Tentative Enrolment	
	- I - I - I - I - Envelment	June 15, 2016
	Fourth Tentative Enrolment	June 16, 2016
		June 17, 2016

b. Form 3 & 4

June 17, 2016
September 9, 2016
December 11, 2016 March 10, 2017
Maich 10, 2017

c. Form 7

11 /		June 17, 2016
•	Beginning of School Year	Julie 17, 2010

d. Form 5 & 6

End of School Year

First week of April 2017

Strict compliance is hereby enjoined.







Region I DAGUPAN OF CITY SCHOOLS

Dagupan City

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acusos (Address		KINE	DERGA	RTEN				Grade 1		41 -6	NA I	E	Т	# of	# of	M	F	Т	# of	# of
SCHOOL/Address	M	F	T	# of Class	# of Tchrs	M	F	Т	# of Class	# of Tchrs	M			Class	Tchrs				Class	Tchr
			Grade	4				Grade	5				Grade (_			G	rand To	tal # of	# 0
	M	F	T	# of Class	# of Tchrs	M	F	T	# of Class	# of Tchrs	M	F	Т	# of Class	# of Tchrs	M	-	'	Class	Tch

Prepared by:	Approved by:	The state of the s
(SIGNATURE OVER PRINTED NAME)		(SIGNATURE OVER PRINTED NAME)
Designation		Designation
Contact #	Contact #	







Region I DAGUPAN OF CITY SCHOOLS

Dagupan City

			Grade	7				Grade 8					Grade 9		of June		(Grade 1	0			Gr	and To		
SCHOOL/Address	M	F	T	# of Class	# of Tchrs	M	F	T	# of	# of Tchrs	M	F	T	# of Class	# of Tchrs	М	F	T	# of Class	# of Tchrs	М	F	T	# of Class	
																									17

PROGRAM/ TRACKS		LMENT			
	М	F	Т	# of Class	# of Tchrs
				-	

red by:	Approved by:
(SIGNATURE OVER PRINTED NAME)	(SIGNATURE OVER PRINTED NAME)
Designation	Designation