



Republic of the Philippines  
Department of Education  
Region I  
**SCHOOLS DIVISION OFFICE**  
Dagupan City



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**DIVISION MEMORANDUM**

No. 078 s, 2019

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To : **PRIVATE SCHOOLS PRINCIPALS  
PUBLIC SCHOOLS DISTRICT SUPERVISOR**

From : **Office of the Schools Division Superintendent**

Date : **February 15, 2016**

Subject : **ANNUAL REPORT OF PRIVATE SCHOOLS**

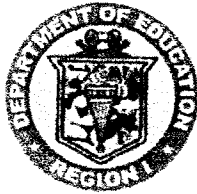
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The Regional Office through the Quality Assurance Division (QAD) requires the Schools Division Office to submit the consolidated Annual Report of Private School for the school year 2018-2019.

In this regard, may we request all Private Schools to accomplish the attached template and submit it on or before March 15, 2019.

For widest dissemination and compliance of all concerned.

**DR. LORNA G. BUGAYONG, CESO VI**  
Schools Division Superintendent



Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
 Region I  
**SCHOOLS DIVISION OFFICE**  
 DAGUPAN CITY



**ANNUAL REPORT OF PRIVATE SCHOOLS**  
 SY 2018-2019

SCHOOL: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_

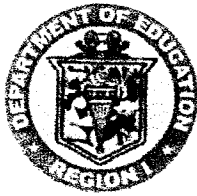
**A. ACCESS TO EDUCATION (Curriculum)**

DATA ON ENROLLMENT												
LEVEL	MALE			FEMALE			TOTAL					
Kindergarten												
Elementary												
Junior High School												
<b>SENIOR HIGH SCHOOL</b>												
TRACKS	1 <sup>ST</sup> SEMESTER						2 <sup>ND</sup> SEMESTER					
	BEGINNING			ENDING			BEGINNING			ENDING		
	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL
<b>1. ACADEMIC</b>												
GAS												
HUMSS												
ABM												
STEM												
PRE-BACCALAUREATE												
<b>2. TVL</b>												
HE												
ICT												
AFA												
IA												
PMS												
<b>3. SPORTS</b>												
<b>4. ARTS AND DESIGN</b>												

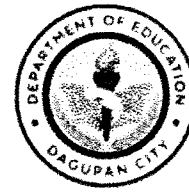
NUMBER OF TEACHERS, School Year 2018-2019	MALE	FEMALE	TOTAL
Kindergarten			
Elementary			
Junior High School			
Senior High School			

NUMBER OF TEACHERS ENROLLED IN:	MALE	FEMALE	TOTAL
Masteral Program			
Doctoral Program			
MA Degree Holder			
Ed. D/Ph. D. Degree Holder			
LET Passers			
NONE LET Passers			

NUMBER OF TRAININGS/SEMINARS/WORKSHOP ATTENDED, SY 2018-2019			
DIVISION	REGIONAL	NATIONAL	INTERNATIONAL



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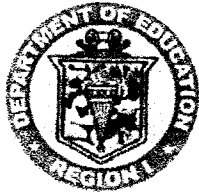
**B. QUALITY AND RELEVANCE (Policies, M & E and Researches)**

**SY 2018-2019**

<b>Assessment Results: National Achievement Test (NAT) Grade 6 &amp; 10</b>	
<b>Have you participated in the Programme for International Studies (PISA)?</b>	___ <b>Yes</b> ___ <b>No</b>
<b>Have you been selected in International Assessment 2019 on:</b> - Southeast Asia-Primary Learning Metrics Grade 5 Assessment (SEA_PLM, February 4-8, 2019)?	___ <b>Yes</b> ___ <b>No</b>
- Trends in International Mathematics and Science Study (TIMSS) March 4-8, 2019?	___ <b>Yes</b> ___ <b>No</b>
<b>Have your been involved in Research Program and Development?</b>	___ <b>Yes</b> ___ <b>No</b> If Yes, give details. _____
<b>Do you have Researches and Action Research Outputs?</b>	___ <b>Yes</b> ___ <b>No</b> If Yes, write the Title of Action Research(es), Name of Researcher(s) and Date of research conducted (use separate sheet if space is not enough).

**C. MANAGEMENT AND GOVERNANCE (Policies, M & E & Researches)**

	<b>SCHOOL YEAR 2018-2019</b>			
	<b>KE</b>	<b>ELEM</b>	<b>JHS</b>	<b>SHS</b>
<b>Government Recognition</b>	No: _____ Date Issued: _____	No: _____ Date Issued: _____	No: _____ Date Issued: _____	No: _____ Date Issued: _____
<b>Applying for Government Recognition</b>				
<b>Lapsed Recognition</b>				
<b>Government Permit</b>	No: _____ Date Issued: _____	No: _____ Date Issued: _____	No: _____ Date Issued: _____	No: _____ Date Issued: _____
<b>Additional Grade Level</b>				
<b>Government Permit</b> <i>(for Additional Grade Level)</i>	No: _____ Date Issued: _____	No: _____ Date Issued: _____	No: _____ Date Issued: _____	No: _____ Date Issued: _____
<b>Additional Track/Strand</b>				
<b>Government Permit</b> <i>(for Additional Track/Strand)</i>				No: _____ Date Issued: _____



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<b>Do you have Education Service Contracting (ESC)?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If Yes, how many recipients? _____
<b>Do you have Teacher Salary Subsidy (TSS)?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If Yes, how many recipients? _____
<b>Do you have Senior High School Voucher Program (SHVP)?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If Yes, how many recipients? _____

**D. BEST PRACTICES of your SCHOOL**  
(Attach Means of Verification MOVs)

**Prepared by:**

\_\_\_\_\_  
**Name & Signature**  
**Contact Number:** \_\_\_\_\_