



Republic of the Philippines Department of Education

REGION X – NORTHERN MINDANAO SCHOOLS DIVISION OF EL SALVADOR CITY

Office of the Schools Division Superintendent

19 May 2025

DIVISION MEMORANDUM No.____ | 구경_______, s. 2025

CONDUCT OF THE ALTERNATIVE LEARNING SYSTEM (ALS) COMMUNITY MAPPING

To: Melanie M. Ligutom - EPvsr/Division ALS Focal Person

Johnell Francis S. Vacalares- EPSA-II

Romel C. Abang- Teacher III/District 1 ALS Focal Person

Raymund U. Tomarong- Teacher III/District II ALS Focal Person

Emelia A. Amarila- Teacher 1
Jaypee A. Aturo - Teacher 1

Bernie A. Bongolto- Teacher III
Kenneth Jane Q. Ingente- Teacher I

Arjelyn B. Mangayan Teaher I
Jay R M. Maca - Teacher I

Jan Kyle A. Santos Teacher 1

- 1. This Office directs the above-mentioned ALS personnel to conduct the **Alternative Learning System (ALS) Community Mapping** on May 21-24,27-31 and June 2-7, 2025, in your assigned barangay/Community Learning Center.
- Attached are the mapping and enrolment form.
- 3. Expenses to be incurred in this activity shall be charged to ALS Program Support Funds, subject to the usual accounting and auditing rules and regulations.
- 4. Attendance of identified ALS personnel rendered services during this activity shall be on official business thereby granting them service credits per DepEd Order No. 53. S 2023 titled Updated Guidelines on the Grant of Vacation Service Credits to Teachers and DepEd Order 5. s, 2024 item A.4.4 on Teaching related assignments. Furthermore, the identified ALS personnel must secure Locator Slip prior the conduct of ALS Literacy Mapping.
- 5. This Office shall adhere to Equal Opportunity Principle (EOP) in the steps undertaken for this purpose. Hence, all decisions and actions shall be based on guidelines set forth, with no discrimination on the account of age, gender, identity, sexual orientation, civil status, disability, religion, ethnicity, or political affiliation.



Address: Zone 3, Poblacion, El Salvador City
Telephone No: (088) 855-0113
Website: www.depedelsalvadorcity.net
Email Address: elsalvador.city@deped.gov.ph

Transforming Schools, Forging Partners





Republic of the Philippines

Department of Education REGION X - NORTHERN MINDANAO SCHOOLS DIVISION OF EL SALVADOR CITY

Immediate and wide dissemination of this memorandum is desired.

RANDOLPH B. TORTOLA
Schools Division Superintendent

To be indicated in the Perpetual index
Under the following subject
ALTERNATIVE LEARNING SYSTEM/LITERACY MAPPING
CID/MML



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Department of Education

MASTERLIST OF MAPPED AND POTENTIAL LEARNERS (AF1) ALTERNATIVE LEARNING SYSTEM

EL SALVADOR CITY

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6

Calendar Year 2025

				60		Os.	 31-	to s	 ¥34.	0		
										NAME (Last Name, First Name, Name Extension, Middle Name)		
										(HM) xe2		
										Date of Birth (mm/ddf/yy)/		
					-					Age .		
										Nother Tongue		
			E			-				No.	5	
TOTAL	FEIMLE	MALE	APPED LE	+	-			+		Religion		
	·m		MAPPED LEARNERS as of (9/6/2023)	 _						House No/Street Sito/ Purok		
			(96/2023)	+	-			+		Barangay	COMPLETE	
To l	FEI	m.	ENROL							Municipality City	COMPLETE HOME AUCKESS	
TOTAL	FEMALE	MALE	ENROLLED LEARNERS 30 of (9/6/2023)			-	+			Province	ľ	
09-40 09-340			RS as of Percent By							Father's Name (Lost Name) First Name, Middle Name)	7	
ń										Nother's Ridden Name (Last Name, First Name, Middle Name)	T TOOLS	
SgrawediALS For a Person EPSAL In extended Name		Sgran								Learner (if available)	Contact Number of	
S KSAc C X:		Syram disk layour propolitions								8	Last Grade	
PSAL DEP		CA Cillana III	& Break A							(mmvddyyy	Date	
440,090		4								in ALS? Yes or No		
~	1		1							in ALS? Preferred Yes or No Program		
) thank)!	



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

18 ambactionage

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.

	Le	arner Reference No. (LRN)?	If available:		
ate: (mm/dd/yyyy)					
1 1					
. Learner's Personal Informa	ation				
		Birthdate (mm/dd/yyyy)		
Last Name					
		Age	Sex		
First Name		Age	Male Female		
		Place of Bi	irth (Municipality/City)		
Middle Name					
		Religion			
Extension Name e.g. Jr., III (If a	pplicable) Contact Number/s	Keligion			
	J UDA Oit //Indigonous C	Cultural Community?	ngue		
	eoples (IP) Community/Indigenous C	Jailtara Community			
Yes No If Yes, plea		Civil Statu	ie.		
Is your family a beneficiary of 4	Ps? Yes No		Single Married		
If Yes, please write the 4Ps	Household ID Number		☐ Single ☐ Widow/er		
			lo Parent		
			Oralent		
Current Address	o/Street Name	Barangay			
House No. Sitio	/Street Name				
Municipality/City	Province	Country	Zip Code		
	Same with your Current Address? [to item 2		
House No. Sitio	o/Street Name	Barangay			
Municipality/City	Province	Country	Zip Code		
2. Parent's/Guardian's Infor	rmation				
Father's Name	Te:	Middle Name	Occupation		
Last Name	First Name	Milodie Name	Occupation		
Mother's Maiden Name					
Last Name	First Name	Middle Name	Occupation		
Logal Guardian's Nama					
Legal Guardian's Name Last Name	First Name	Middle Name	Occupation		

