Republic of the Philippines
Department of Education
REGION II - CAGAYAN VALLEY
SCHOOLS DIVISION OF BATANES

8465

DEPARTMENT OF EDUCATION
SDO - BATANES
JAN 13 2025
RECEIVED
BY: REY TIME: 2:55

TECHNICAL ASSISTANCE FORM FOR EBEIS & LIS

Control Number: _____ Date: JAN. 13, 2025

CLIENT INFORMATION

Name: RODA SOFIA MAALA
Position/Designation: ADAS II
School ID and Name: 300411
Contact Number: _____
E-mail address: batanesnshs@deped.gov.ph

For EBEIS:

UPDATING OF SCHOOL PROFILE

☐ **Curricular Offering Classification**
Old Classification: _____
New Classification: _____

☐ **Reopening/Closing of a school**
School ID: _____
Reason/s for Closing/Reopening: _____
_____
Date of Closing/Reopening: _____

☐ **Updating of Integrated Schools:**
Old School Type: _____
New School Type: _____

☐ **Renaming of School:**
Old Name: _____
New Name: _____

☐ **Updating of School Head Name & Position:**
Name: _____
Position: _____
Contact No.: _____
Email Address: _____

For LIS:

USER ACCOUNT MANAGEMENT

☐ **Password Reset**
School Head Username: _____
Desired Password: _____
System Admin Username: _____
Desired Password: _____

☐ **Change/Reassignment of School Head**
Name of New School Head: _____
TIN (New School Head): _____
Date of Birth: _____
Name of Prev. School Head: _____
TIN (Prev. School Head): _____
Date of Birth: _____

Others (Please specify): _____
ENROLMENT ISSUE OF:
☑ BAUTISTA, NEIL ERICKSON

(For Planning Officer's use only)

REMARKS/ ACTION TAKEN

Date Acted:

Received/Acted by:

OLIVER R. CARIASO
Planning Officer III

Republic of the Philippines
Department of the Education
REGION II - CAGAYAN VALLEY
SCHOOLS DIVISION OF BATANES
BATANES NATIONAL SCIENCE HIGH SCHOOL
Basco, Batanes

January 7, 2025

ALFREDO B. GUMAGU JR. EdD, CESO V
Schools Division Superintendent
Schools Division of Batanes
Basco, Batanes

Attn.: **OLIVER R. CARIASO**
Division Planning Officer
School Governance & Operations Division

Sir,

This is to request technical assistance through the Division Planning Officer to "**ENROL**" the following learners with the following reason/s:

1. **Did not appear at the SF1:**

Name	: **BAUTISTA, NEIL ERICKSON**
Date of Birth	: December 30, 2000
Originating School	: Batanes National Science High School
Receiving School	: Batanes National Science High School
Last SY Attended	: SY 2024-2025
Last Grade Level Attended	: Grade 12 (2nd Sem)

Hoping for your favorable action.

Very truly yours,

JEFFREY D. MEDINA
School Principal I

Address: Cavangan Drive, San Antonio, Basco, Batanes
Contact No.: +63 956 052 7614
Email Address: batanesNSHS@deped.gov.ph
Facebook: facebook.com/BNSHS Basco

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION

SF10-SHS

SENIOR HIGH SCHOOL STUDENT PERMANENT RECORD

LEARNER'S INFORMATION

LAST NAME: BAUTISTA FIRST NAME: NEIL ERICKSON MIDDLE NAME:
LRN: 104406060056 Date of Birth (MM/DD/YYYY): 12/30/2000 Sex: MALE Date of SHS Admission (MM/DD/YYYY): 08/22/2022

ELIGIBILITY FOR SHS ENROLMENT

☐ High School Completer* Gen. Ave: ☐ Junior High School Completer Gen. Ave:
Date of Graduation/Completion (MM/DD/YYYY): Name of School: School Address:
☐ PEPT Passer** Rating: ☑ ALS A&E Passer*** Rating: PASSED ☐ Others (Pls. Specify):
Date of Examination/Assessment (MM/DD/YYYY): Name and Address of Community Learning Center: ECHAGUE EAST DISTRICT COMMUNITY LEARNING CENTER

*High School Completers are students who graduated from secondary school under the old curriculum
**PEPT - Philippine Educational Placement Test for JHS
***ALS A&E - Alternative Learning System Accreditation and Equivalency Test for JHS

SCHOLASTIC RECORD

SCHOOL: BATANES NATIONAL SCIENCE HIGH SCHOOL SCHOOL ID: 300411 GRADE LEVEL: 11 SY: 2022 - 2023 SEM: 1ST
TRACK/STRAND: GAS/BREAD AND PASTRY SECTION: ADALID

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter 1ST	Quarter 2ND	SEM FINAL GRADE	ACTION TAKEN
Core	Oral Communication	78	80	79	PASSED
Core	Komunikasyon at Pananaliksik sa Wika at Kulturang Pilipino	80	74	77	PASSED
Core	General Mathematics	75	76	76	PASSED
Core	Physical Education and Health	80	88	84	PASSED
Core	Personal Development/Pansariling Kaunlaran	76	75	76	PASSED
Core	Understanding Culture, Society and Politics	85	84	85	PASSED
Applied	Empowerment Technologies	81	80	81	PASSED
Specialized	Philippine Politics and Governance	85	77	81	PASSED
Specialized	Applied Economics	75	77	76	PASSED
			General Ave. for the Semester:	79	PASSED

REMARKS:
Prepared by: JOSEPHINE E. APOSTOL — Signature of Adviser over Printed Name
Certified True and Correct: CARMEN C NOGUERA, School Principal I — Signature of Authorized Person over Printed Name, Designation
Date Checked (MM/DD/YYYY): JULY 7, 2023

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): to (MM/DD/YYYY): SCHOOL: SCHOOL ID:

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: Signature:

SCHOOL: BATANES NATIONAL SCIENCE HIGH SCHOOL SCHOOL ID: 300411 GRADE LEVEL: 11 SY: 2022 - 2023 SEM: 2ND
TRACK/STRAND: GAS/BREAD AND PASTRY SECTION: ADALID

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter 3RD	Quarter 4TH	SEM FINAL GRADE	ACTION TAKEN
Core	Reading and Writing	75	75	75	PASSED
Core	Pagbasa at Pagsusuri ng Iba't Ibang Teksto Tungo sa Pananaliksik	75	79	77	PASSED
Core	21st Century Literature from the Philippines and the World	79	85	82	PASSED
Core	Statistics and Probability	76	78	77	PASSED
Core	Introduction to the Philosophy of the Human Person/Pambungad sa Pilosopiya ng Tao	80	75	78	PASSED
Core	Physical Education and Health	82	86	84	PASSED
Applied	English for Academic and Professional Purposes	77	77	77	PASSED
Applied	Practical Research 1	79	79	79	PASSED
Specialized	Disaster Readiness and Risk Reduction	64	85	75	PASSED
Specialized	ELECTIVE 1 BREAD AND PASTRY	81	88	85	PASSED
			General Ave. for the Semester:	79	PASSED

REMARKS:
Prepared by: JOSEPHINE E. APOSTOL — Signature of Adviser over Printed Name
Certified True and Correct: CARMEN C NOGUERA, School Principal I — Signature of Authorized Person over Printed Name, Designation
Date Checked (MM/DD/YYYY): JULY 7, 2023

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): to (MM/DD/YYYY): SCHOOL: SCHOOL ID:

BAUTISTA, NEIL ERICKSON

SF10-SHS

SCHOOL: BATANES NATIONAL SCIENCE HIGH SCHOOL SCHOOL ID: 300411 GRADE LEVEL: 12 SY: 2023-2024 SEM: 1ST

TRACK/STRAND: GENERAL ACADEMIC STRAND SECTION: GALITA

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter 1ST	Quarter 2ND	SEM FINAL GRADE	ACTION TAKEN
Core	Earth and Life Science*				
Core	Contemporary Philippine Arts from the Regions				
Core	Physical Education and Health				
Applied	Filipino sa Piling Larang				
Specialized	Organization and Management				
Specialized	Creative Writing				
Applied	Practical Research 2				
Specialized	Elective 2				
Applied	Entrepreneurship				
	General Ave. for the Semester:				

REMARKS:

Prepared by: Certified True and Correct: Date Checked (MM/DD/YYYY):

KEITH CAMACHO
Signature of Adviser over Printed Name

CARMEN C. NOGUERA, School Principal I
Signature of Authorized Person over Printed Name, Designation

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): (MM/DD/YYYY): SCHOOL: SCHOOL ID:

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: Signature:

SCHOOL: BATANES NATIONAL SCIENCE HIGH SCHOOL SCHOOL ID: 300411 GRADE LEVEL: 12 SY: 2023-2024 SEM: 2ND

TRACK/STRAND: GENERAL ACADEMIC STRAND SECTION: GALITA

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter 3RD	Quarter 4TH	SEM FINAL GRADE	ACTION TAKEN
Core	Media and Information Literacy	76			
Core	Physical Science*				
Core	Physical Education and Health	80	75	78	PASSED
Applied	Inquiries, Investigations and Immersion	78	76	77	PASSED
Specialized	Creative Non-fiction	82	77	80	PASSED
Specialized	Work Immersion				
	General Ave. for the Semester:			78	PASSED

REMARKS:

Prepared by: Certified True and Correct: Date Checked (MM/DD/YYYY): 05/20/2024

KEITH CAMACHO
Signature of Adviser over Printed Name

CARMEN C. NOGUERA, School Principal I
Signature of Authorized Person over Printed Name, Designation

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): (MM/DD/YYYY): SCHOOL: SCHOOL ID:

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: Signature:

Track/Strand Accomplished: SHS General Average:

Awards/Honors Received: Date of SHS Graduation (MM/DD/YYYY):

Certified by: Place School Seal Here:

Signature of School Head over Printed Name Date

NOTE:

This permanent record or a photocopy of this permanent record that bears the seal of the school and the original signature in ink of the School Head shall be considered valid for all legal purposes. Any erasure or alteration made on this copy should be validated by the School Head.

If the student transfers to another school, the originating school should produce one (1) certified true copy of this permanent record for safekeeping. The receiving school shall continue filling up the original form.

Upon graduation, the school from which the student graduated should keep the original form and produce one (1) certified true copy for the Division Office.

REMARKS: *(Please indicate the purpose for which this permanent record will be used)*

SCHOOL: BATANES NATIONAL SCIENCE HIGH SCHOOL SCHOOL ID: 300411 GRADE LEVEL: 12 SY: 2024-2025 SEM: 1ST
TRACK/STRAND: GENERAL ACADEMIC STRAND SECTION: GALITA

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		1ST	2ND		
Core	Earth and Life Science*	76	88	82	PASSED
Core	Contemporary Philippine Arts from the Regions	75	80	78	PASSED
Core	Physical Education and Health	78	83	81	PASSED
Applied	Filipino sa Piling Larang	87	83	85	PASSED
Specialized	Organiztion and Management	83	89	84	PASSED
Specialized	Creative Writing	81	83	82	PASSED
Applied	Practical Research 2	75	79	77	PASSED
Specialized	Elective 2	80	83	82	PASSED
Applied	Entrepreneurship	81	82	82	PASSED
			General Ave. for the Semester:	81.7	

REMARKS:

Prepared by:

JOSEPHINE E. APOSTOL
Signature of Adviser over Printed Name

Certified True and Correct:

JEFFREY D. MEDINA, School Principal I
Signature of Authorized Person over Printed Name, Designation

Date Checked (MM/DD/YYYY):

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): _____ (MM/DD/YYYY): _____ SCHOOL: _____ SCHOOL ID: _____

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: _____ Signature: _____

SCHOOL: BATANES NATIONAL SCIENCE HIGH SCHOOL SCHOOL ID: 300411 GRADE LEVEL: 12 SY: 2024-2025 SEM: 2ND
TRACK/STRAND: GENERAL ACADEMIC STRAND SECTION: GALITA

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	Quarter		SEM FINAL GRADE	ACTION TAKEN
		3RD	4TH		
			General Ave. for the Semester:		

REMARKS:

Prepared by:

JOSEPHINE E. APOSTOL
Signature of Adviser over Printed Name

Certified True and Correct:

JEFFREY D. MEDINA, School Principal I
Signature of Authorized Person over Printed Name, Designation

Date Checked (MM/DD/YYYY):

REMEDIAL CLASSES Conducted from (MM/DD/YYYY): _____ (MM/DD/YYYY): _____ SCHOOL: _____ SCHOOL ID: _____

Indicate if Subject is CORE, APPLIED, or SPECIALIZED	SUBJECTS	SEM FINAL GRADE	REMEDIAL CLASS MARK	RECOMPUTED FINAL GRADE	ACTION TAKEN

Name of Teacher/Adviser: _____ Signature: _____

Track/Strand Accomplished: _____
Awards/Honors Received: _____
SHS General Average: _____
Date of SHS Graduation (MM/DD/YYYY): _____

Certified by:

Signature of School Head over Printed Name Date

Place School Seal Here:

NOTE:
This permanent record or a photocopy of this permanent record that bears the seal of the school and the original signature in ink of the School Head shall be considered valid for all legal purposes. Any erasure or alteration made on this copy should be validated by the School Head.
If the student transfers to another school, the originating school should produce one (1) certified true copy of this permanent record for safekeeping. The receiving school shall continue filling up the original form.
Upon graduation, the school from which the student graduated should keep the original form and produce one (1) certified true copy for the Division Office.

REMARKS: *(Please indicate the purpose for which this permanent record will be used)*

Date Issued (MM/DD/YYYY): _____

(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province: Batanes
City/Municipality: Basco
Registry No. 2001-16

CHILD

1. NAME (First) NEIL ERICKSON (Middle) (Last) BAUTISTA
2. SEX: x 1 Male ___ 2 Female
3. DATE OF BIRTH (day) (month) (year): 30 December 2000
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/House No., Street, Barangay) Batanes General Hospital (City/Municipality) Basco (Province) Batanes
5a. TYPE OF BIRTH: x 1 Single ___ 2 Twin ___ 3 Triplet, etc.
b. IF MULTIPLE BIRTH, CHILD WAS: ___ 1 First ___ 2 Second ___ 3 Others, Specify ___
c. BIRTH ORDER (live births and fetal deaths including this delivery): First (first, second, third, etc.)
d. WEIGHT AT BIRTH: 3289 grams

MOTHER

6. MAIDEN NAME (First) Janet (Middle) Espejo (Last) Bautista
7. CITIZENSHIP: Filipino
8. RELIGION: Roman Catholic
9a. Total number of children born alive: 1
b. No. of children still living including this birth: 1
c. No. of children born alive but are now dead: 0
10. OCCUPATION: Housekeeper
11. Age at the time of this birth: 19 years
12. RESIDENCE (House No., Street, Barangay) Kayvaluganan (City/Municipality) Basco (Province) Batanes

FATHER

13. NAME (First) (Middle) (Last)
14. CITIZENSHIP
15. RELIGION
16. OCCUPATION
17. Age at the time of this birth: ___ years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
Not Married

19a. ATTENDANT: x 1 Physician ___ 2 Nurse ___ 3 Midwife ___ 4 Hilot (Traditional Midwife) ___ 5 Others (Specify)

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 11:45 o'clock am/pm on the date stated above.
Signature: [signature]
Name in Print: ALMA B. BERCASIO, MD.
Title or Position: Medical Officer IV
Address: Basco, Batanes
Date: December 30, 2000

20. INFORMANT
Signature: JBautista
Name in Print: JANET E. BAUTISTA
Relationship to the child: Mother
Address: Basco, Batanes
Date: January 02, 2001

21. PREPARED BY
Signature: [signature]
Name in Print: PRECIOSO E. GONZALES
Title or Position: Records Officer II
Date: January 02, 2001

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [signature]
Name in Print: CRESENCIA B. GONZALES
Title or Position: Mun. Civil Registrar
Date: January 17, 2001

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41: B010016
46: 1
49: 1 50: 301200
58: 09019
61: 1
63: 01 64: 32
66: 1 69: 1
70: 01 72: 74: 00
76: 2 0 79: 1
81:
86: 87: 0016
88: 91:
93: 5 ++++++
94: 1 +++++

01-17-01

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BEST POSSIBLE IMAGE

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BReN
00901-B00YW01-2

Documentary Stamp Tax Paid

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

ICTS - User Support Division
Learner Information System (LIS) and Basic Education Information System (BEIS)
National Helpdesk
Incident Report

Definition: is a process of resolving issues that does not fall into any Request Forms
Submit to: Division Planning Officer, Schools Governance and Operations Division
Note: Endorsement of School Head is required (signed and scanned). Please use worksheet/excel format for the matrix

Details of Affected Data													School Class Calendar		Code 1. Elementary 2. Secondary 3. SHS 1st Sem 4. SHS 2nd Sem	Description of Issue
Region-Division	School Name	School ID	Grade	Section	LRN	First Name	Middle Name	Last Name	Ext Name	Date of Birth (MM/DD/YYYY)	Sex	Mother's Maiden Name	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)		
Region II-Batanes	Batanes National Science HS	300411	12	GALITA	104406060066	Neil Erickson		Bautista		December 30, 2000	Male	Janet Espejo Bautist	July 29, 2024	January 07, 2025	3. SHS 1st Semester	Officialy enrolled in Grade 12 Galita during the 1st semester of SY 2024-2025 but did not appear in the SF1.

Requested by	Teacher/ICT Coordinator	School's Email Address	School's Contact Number	School Head/System Admin Username	Date Requested	Endorsed by School Head	Signature
	ERIC JOHN B. VALONES	batanesNSHS@deped.gov.ph	9478057273	JEFFREY D. MEDINA	01/07/2025		
Position/Designation	COMPUTER MAINTENANCE TECHNOLOGIST I					Name	JEFFREY D. MEDINA

Note for School:

1. *Fill-up all the applicable information correctly.*
2. *Attach this form as Excel file.*
3. *Attach a scanned copy of the form with School Head signature.*
4. *Attach the following copies, if applicable.*
   a. *Birth Certificate*
   b. *Form 137/School Form 10 and/or Form 138/School Form 9*
5. *If system error, provide screenshot.*

Note for Division Planning Officer:

1. *Consolidate requests by school by issue.*