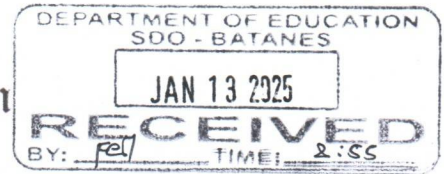




Republic of the Philippines
Department of Education
REGION II - CAGAYAN VALLEY
SCHOOLS DIVISION OF BATANES



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,

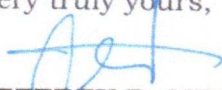
This is to request technical assistance through the Division Planning Officer to
“**ENROL**” the following learners with the following reason/s:

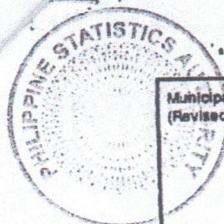
1. Did not appear at the SF1:

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



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION		
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 <u>Batanes</u>		Registry No. <u>2001-16</u>				
City/Municipality <u>Basco</u>						
C H I L D	1. NAME (First) (Middle) (Last) <u>NEIL ERICKSON</u> <u>BAUTISTA</u>		For OCRG USE ONLY : Population Reference No. 			
	2. SEX ☒ 1 Male ☐ 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>30 December 2000</u>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Batanes General Hospital</u> <u>Basco</u> <u>Batanes</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
	5a. TYPE OF BIRTH ☒ 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) <u>First</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3289</u> grams			
M O T H E R	6. MAIDEN NAME (First) (Middle) (Last) <u>Janet</u> <u>Espejo</u> <u>Bautista</u>		41 8010016			
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>			
	9a. Total number of children born alive: <u>1</u>		b. No. of children still living including this birth: <u>1</u>		c. No. of children born alive but are now dead: <u>0</u>	
	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>19</u> years			
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Kayvalucanan</u> <u>Basco</u> <u>Batanes</u>		48 1			
F A T H E R	13. NAME (First) (Middle) (Last)		49 1 50 301200			
	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.) <u>Not Married</u>		56 09019			
	19a. ATTENDANT. ☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife ☐ 4 Healer (Traditional Midwife) ☐ 5 Others (Specify) _____		61 1			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>11:45</u> o'clock am/pm on the date stated above. Signature <u>[Signature]</u> Address <u>Basco, Batanes</u> Name in Print <u>ALMA B. BERCASIO, MD.</u> Title or Position <u>Medical Officer IV</u> Date <u>December 30, 2000</u>		64 013201				
20. INFORMANT Signature <u>[Signature]</u> Address <u>Basco, Batanes</u> Name in Print <u>JANET E. BAUTISTA</u> Relationship to the child <u>Mother</u> Date <u>January 02, 2001</u>		68 01 69 0016				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>PRECOSO E. GONZALES</u> Title or Position <u>Records Officer II</u> Date <u>January 02, 2001</u>		70 01 72 01 74 00				
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>[Signature]</u> Name in Print <u>CRESCENCIA B. GONZALES</u> Title or Position <u>Mun. Civil Registrar</u> Date <u>January 17, 2001</u>		76 01 78 01				

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



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

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

[illegible]

Requested by	Technician/Coordinator ERIC JOHN S. VALONES	School's Email Address balawel@SJSigared.gov.ph	School's Contact Number 9476367273	School Head/System Admin Name JEFFREY D. MC-DIVA	Date Requested 01/07/2025	Endorsed by School Head	Signature Name JEFFREY D. MC-DIVA
--------------	--	--	---------------------------------------	---	------------------------------	----------------------------	---

Write for School

1. Fill-up all the applicable information correctly
2. Attach this form at 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 131/School Form 10 and/or Form 139/School Form 9
5. If system error, provide screenshot

Associate for Division Planning Officer

- 1 Consolidate requests by school by issue