



Republic of the Philippines
Department of Education
REGION X

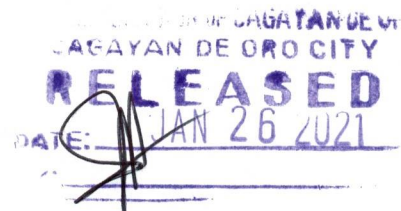
DIVISION OF CAGAYAN DE ORO CITY

Office of the Schools Division Superintendent

Date: January 25, 2021

Division Memorandum

No. 35 s. 2021



SUBMISSION OF 4P's PARTICIPATION DATA

To :

**SCHOOLS 4P's COORDINATORS
ALL PUBLIC SCHOOL HEADS/ PRINCIPALS
BOTH ELEMENTARY AND SECONDARY SCHOOLS
This Division**

1. As part of our interventions for our 4P's learners in ensuring their participation to different programs and projects of DepEd, you are hereby directed to fill-in the Pantawid Pamilyang Pilipino Program (4P's) Participation Data using the herein attached form.
2. You may download the template on the 4P's Participation Data using the link below:
shorturl.at/qBJLS
3. After filling in the said form, upload the accomplished form in the online folder created for this purpose using the name of your school as the filename. The link for the online form is as follows:
<https://cutt.ly/bjMWOPc>
4. The said form will be submitted not later than January 27, 2021.
5. For your information, guidance and compliance.

CHERRY MAE L. LIMBACO
Schools Division Superintendent

To be indicated in the Perpetual Index under the following subjects:
PROGRAMS PARTNERSHIPS 4P's



Address: Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City
Telephone: (08822)-8550048

ELEMENTARY SCHOOLS
TEMPLATE

Department of Education
Region X
DIVISION OF CAGAYAN DE ORO CITY
School: _____

GRADE LEVEL	TOTAL ENROLEES OF 4P's Beneficiaries	Number of 4P's Beneficiary/ Availment/ Participated to Different Programs										4P's Involved in Child Abuse Case	4P's who are LARDO's (as of January 2021)
		SBFP (Feeding)		Milk Distribution		Immunization		Deworming		Dental Services			
	(SY 2019-2020)	(SY 2020-2021)	(SY 2019-2020)	(SY 2020-2021)	(SY 2019-2020)	(SY 2020-2021)	(SY 2019-2020)	(SY 2020-2021)	(SY 2019-2020)	(SY 2020-2021)	(SY 2019-2020)	(SY 2020-2021)	
Kinder													
Grade 1													
Grade 2													
Grade 3													
Grade 4													
Grade 5													
Grade 6													
ALS													
TOTAL													

Name of 4P's Coordinator: _____
Contact Number: _____

ELEMENTARY SCHOOLS
TEMPLATE

SAMPLE FORM

Department of Education
Region X
DIVISION OF CAGAYAN DE ORO CITY
School: _____

GRADE LEVEL	TOTAL ENROLEES OF 4P's Beneficiaries	Number of 4P's Beneficiary/ Availment/ Participated to Different Programs										4P's Involved in Child Abuse Case	4P's who are LARDO's (as of January 2021)
		SBFP (Feeding)		Milk Distribution		Immunization		Deworming		Dental Services			
	(SY 2019-2020)	(SY 2020-2021)	(SY 2019-2020)	(SY 2020-2021)	(SY 2019-2020)	(SY 2020-2021)	(SY 2019-2020)	(SY 2020-2021)	(SY 2019-2020)	(SY 2020-2021)	(SY 2019-2020)	(SY 2020-2021)	
Grade 7													
Grade 8													
Grade 9													
Grade 10													
Grade 11													
Grade 12													
ALS													
CHSP													
TOTAL													

Name of 4P's Coordinator: _____
Contact Number: _____

School Head: _____