



Department of Education

Region: _____

Division: _____

School ID: _____

School Name: _____

CONFIRMATION SLIP

Name of Learner: _____

Learner's Reference No: _____

Grade Level to Enroll: _____

Parent's or _____

Legal Guardian's Name: _____

Contact No.: _____

Do you confirm the enrollment of the learner in this school
for SY - ? ☐ YES ☐ NO

Signature over Printed Name of Parent/Legal Guardian

Date