MEMORANDUM

TO: Division ALIVE Coordinator  
Public Schools District Supervisors with ALIVE classes  
School Heads with ALIVE classes  
Asatidz

FROM: SOCORRO V. DELA ROSA, CESO VI  
Schools Division Superintendent

SUBJECT: SUBMISSION OF REPORTS IN THE MADRASAH EDUCATION PROGRAM

DATE: December 11, 2017

1. All schools with ALIVE classes are hereby required to submit reports in the Madrasah Education Program to this office on or before December 18, 2017 in hard copies. Please send also soft copies to arjay.callos@deped.gov.ph.

2. Submitted reports will be used for references in giving honorarium to asatidz and technical assistance for the schools implementing Madrasah Education Program (MEP) –Arabic Language and Islamic Values Education.

3. Enclosed are formats for reference. For more information, contact this Office (Attn: Mrs. Erlinda C. Borbe,/Ar-Jay D. Callos-ALIVE Focal Persons).

4. For compliance.

5. Immediate and wide dissemination of this Memorandum is desired.
SCHOOL REPORT ON ALIVE CLASSES

District: ___________________________  Schedule of Classes: ____________
School: ___________________________
Grade Level/Section: ________________
No. of ALIVE Learners: ______________

<table>
<thead>
<tr>
<th>Name of Pupils</th>
<th>Gender</th>
<th>Date of Birth (month-day-year)</th>
<th>Age</th>
<th>Address</th>
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*use additional sheet/s if necessary

Prepared by: ____________________________
Ustadz/Ustadzah  (Signature over printed name)

Certified true and correct:
______________________________
Principal/School Head  (Signature over printed name)

Contact No: ____________________________
Date: ____________________________
ASATIDZ PROFILE

District: ________________________
School: ________________________
School ID No: ____________________

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<thead>
<tr>
<th>Name of Asatidz</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Gender</th>
<th>Address</th>
<th>Educational Attainment</th>
<th>Trainings attended related to AHS/HE</th>
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Prepared by: ________________________

School Principal
(Signature over printed name)

Date: ________________________

Certified true and correct:

Public Schools District Supervisor
(Signature over printed name)
BEST PRACTICES/ACCOMPLISHMENT REPORTS IN ALIVE
WITH DOCUMENTATION

District: ________________________
School: ________________________

<table>
<thead>
<tr>
<th>Activities Conducted/Participated</th>
<th>Persons Involved</th>
<th>Date</th>
<th>Place/Venue</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>Example:</td>
<td>ALIVE Learners and Asatidz</td>
<td>October 28, 2017</td>
<td>Division Office Conference Hall A</td>
<td>Overall Champion</td>
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</tbody>
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*Please attach pictures

Prepared by:

______________________________
School Principal
(Signature over printed name)

Certified true and correct:

______________________________
Public Schools District Supervisor
(Signature over printed name)