



Republic of the Philippines
Department of Education
Region VI- Western Visayas
SCHOOLS DIVISION OF SAGAY CITY

June 25, 2025

DIVISION MEMORANDUM

No. 372, s. 2025

SUBMISSION OF MASTERLIST OF LEARNERS

TO: Assistant Schools Division Superintendent
Chief Education Supervisors- CID and SGOD
Public Schools District Supervisors
All Public Elementary and Secondary School Heads
All Others Concerned

1. In reference to **DepEd Memorandum No. 50, s. 2025**, titled "Implementation of the Learner's Health Assessment and Screening Program", all public elementary and secondary schools are hereby directed to submit a consolidated **masterlist of learners** by grade level for School Year 2025–2026.
2. The masterlist shall serve as the official basis for planning, organizing, and delivering school-based health services such as vision screening, hearing test, dental and medical assessments, and other related activities.
3. All school heads are advised to observe the following guidelines:
 - a. The masterlist shall include each learner's full name, grade level, age, sex, and section please see enclosure for the template.
 - b. It should be sorted by grade level and submitted in both hard and soft copies (Excel format).
 - c. Deadline of submission is on or before **July 4, 2025**.
 - d. Submit the hard copy signed by the School Head to the to the School Health Section and e-mail the soft copy at **shnu.sagay@gmail.com**.
 - e. Ensure that all data submitted are accurate and updated.
4. Immediate dissemination and compliance of this Memorandum are desired.

DANNIE CLARK M. UGUIL
Assistant Schools Division Superintendent
Officer-in-Charge
Office of the Schools Division Superintendent



Enclosure : None
Reference : None
Allotment : N/A
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To be indicated in the **Perpetual Index** under the following subjects:
MEDICAL **DENTAL** **CLINIC**
FN: LGUC/SGOD



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Republic of the Philippines
DEPARTMENT OF EDUCATION

Region _____
Division of _____
SY _____

MASTERLIST

Name of School: _____

School ID No.: _____

LRN	Grade Level	Section	Last Name	First Name	Middle Name	Birthday(MM/DD/YYYY)	Sex (M/F)	Learner PhilHealth ID No.	Parent PhilHealth ID No.	Parent's Last Name	Parent's First Name	Parent's Middle Name	Relationship (Father/Mother)

Certified true and correct:

School Head