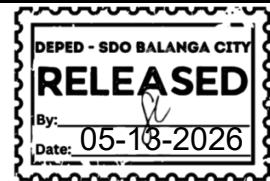




Republic of the Philippines  
**Department of Education**  
Region III – CENTRAL LUZON  
**SCHOOLS DIVISION OFFICE OF BALANGA CITY**

Office of the Schools Division Superintendent



**DIVISION MEMORANDUM**

No. 263, s. 2026

**CONDUCT OF ALTERNATIVE LEARNING SYSTEM (ALS) LITERACY MAPPING  
FOR SY 2026-2027**

To: Chief Education Supervisors, CID and SGOD  
Public Elementary and Secondary School Heads  
All Others Concerned

1. In reference to DepEd Order No. 001, s. 2026 titled "Implementing Guidelines on the Enhanced Alternative Learning System," the Alternative Learning System (ALS) reiterates the importance of conducting Literacy Mapping as a foundational activity in identifying prospective learners. It likewise underscores the need for intensified ALS advocacy and social mobilization to effectively inform communities and reach target learners.
2. In view thereof, ALS implementers shall conduct the Literacy Mapping for SY 2026-2027 from May 18 to May 29, 2026 and June 1 to June 4, 20 to ensure the systematic identification and profiling of potential ALS learners within their respective assigned communities.
3. ALS implementers are hereby directed to:
  - a) Conduct courtesy calls on barangay officials within their respective Community Learning Centers (CLCs);
  - b) Perform house-to-house visits to identify and profile potential learners;
  - c) Utilize the prescribed Literacy Mapping tools and forms (ALS Form 1 and 2);
  - d) Coordinate with barangay officials and community stakeholders for data validation and support; and
  - e) Consolidate and submit the Literacy Mapping results to the Division ALS Office on or before June 4, 2026.
4. Attached to this Memorandum are the Mapping Form (ALS Form 1) and ALS Enrollment Form (ALS Form 2) for guidance and compliance.
5. Pursuant to DepEd Order No. 13, s. 2024 (Revised Guidelines on the Grant of Vacation Service Credits for Teachers), participants shall be granted vacation service credits equivalent to the actual number of days of service rendered during the mapping period.
6. Expenses incurred relative to this activity shall be chargeable against the Division MOOE, subject to the usual accounting and auditing rules and regulations.



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7. Immediate and wide dissemination of this Memorandum is desired.

  
**ROLAND M. FRONDA, EdD, CESO V**  
*Schools Division Superintendent*

AF2



Republic of the Philippines  
Department of Education  
**ALTERNATIVE LEARNING SYSTEM**  
**ALS ENROLMENT FORM (AF2)**  
**Learner's Basic Profile**



Date : \_\_\_\_\_ LRN (if available) : \_\_\_\_\_

**Personal Information (Part I)**

Last Name	First Name	Middle Name	Name Extension
• Address: _____			
House No./Street/Sitio	Barangay	Municipality/City	Province
• Birthdate (mm/dd/yyyy): ____/____/____		Place of Birth (Municipality/City) _____	
• Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		• Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Separated <input type="checkbox"/> Solo Parent	
• Religion: _____ • IP (Specify ethnic group): _____ • Mother Tongue: _____			PWD: <input type="checkbox"/> Yes <input type="checkbox"/> No
• Name of Father/Legal Guardian _____			
Last Name	First Name	Middle Name	Occupation
• Mother's Maiden Name _____			
Last Name	First Name	Middle Name	Occupation

**Educational information (Part II)**

• Last grade level completed

Elementary:  K  G-1  G-2  G-3  G-4  G-5  G-6

Secondary:  G-7  G-8  G-9  G-10

• Why did you drop out of school? (For OSY only)

No school in Barangay  School too far from home  Needed to help family

Unable to pay for miscellaneous and other expenses Others: \_\_\_\_\_

• Have you attended ALS learning sessions before?  YES  NO

If Yes:

Name of the Program: \_\_\_\_\_ Level of Literacy:  Basic  Elem.  Sec.  InfEd

Year Attended: \_\_\_\_\_ Have you completed the Program? (Yes/No) \_\_\_\_\_

If NO, state the reason: \_\_\_\_\_

**Accessibility and Availability (Part III)**

- How far is it from your home to your Learning Center? \_\_\_\_\_ in kms \_\_\_\_\_ in hours and mins.
- How do you get from your home to your Learning Center?  Walking  Motorcycle  Bicycle  Others (Pls. Specify)
- When can you attend your Learning Session?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
What specific time can you be at your Learning Center?							

Facilitator: Signature and Date \_\_\_\_\_

Learner: Signature and Date \_\_\_\_\_

SFRT 2017

