



Republic of the Philippines  
**Department of Education**  
 REGION III  
**BATAAN HIGH SCHOOL FOR THE ARTS**

BATAAN HIGH SCHOOL FOR THE ARTS  
**RECEIVED**  
 DATE: 5/5 TIME: 2:00  
 BY: \_\_\_\_\_

**SCHOOL MEMORANDUM**  
 No. 102 s. 2026

MAY 05 2026

**CONDUCT OF ENROLLMENT FOR SCHOOL YEAR 2026–2027**

To: Deputy Directors  
 Chief Administrative Officers  
 Chief Education Program Specialist  
 All School Office Personnel  
 New and Current Scholars  
 All Others concerned

1. This Office announces the official enrollment procedures, requirements, schedule, venue, and attached enrollment forms for the conduct of enrollment for School Year 2026–2027.
2. Enrollment for School Year 2026–2027 shall be conducted at the BHSA Conference Hall on the following schedule:
  - a. *Incoming Scholars (Grade 7 and Grade 8 transferees)*
    - June 1 – 5 (during the conduct of sensing program)
  - b. *Current Scholars (Grades 8–12)*

Grade Level	Date	Time
Grade 8	May 5 (Tuesday)	09:00 AM – 03:00 PM
Grade 9	May 6 (Wednesday)	09:00 AM – 03:00 PM
Grade 10	May 7 (Thursday)	09:00 AM – 03:00 PM
Grade 11	May 11 (Monday)	09:00 AM – 03:00 PM
Grade 12	May 11 (Monday)	09:00 AM – 03:00 PM

3. Proper attire and student identification shall be observed during enrollment.
4. Scholars who cannot attend on scheduled dates due to valid reasons may request of the online enrollment form to be released by the Student Affairs Office on May 4.
5. All concerned are hereby advised to observe the following guidelines to ensure an orderly and efficient enrollment process. Attached to this Memorandum is the enrolment procedures and flow:

- Enclosure No. 1 – Enrollment Procedures and Flow**  
**Enclosure No. 2 – Medical Certificate Form**  
**Enclosure No. 3 – Nutrition Assessment Form**  
**Enclosure No. 4 – Dental Assessment Form**  
**Enclosure No. 5 – Library Clearance Form**  
**Enclosure No. 6 – Dormitory Information Form**



*“Bayan ng Bayani, Bayani ng Sining”*

Brgy. Ibaba, Bagac, Bataan

(047) 244-6321 / 0918-965-5281

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**Enclosure No. 7 – Weekend Stay Application & Waiver**  
**Enclosure No. 8 – Basic Education Enrollment Form**

MAY 05 2026

6. For questions and clarifications, please contact Project Development Officer III, Ms. Margioleh G. Alonzo.

  
**MIA ARIANA P. PACIONGCO, PhD**  
Director III / School Director

Encl: As stated  
Reference/s: RA 11190  
To be included in the Perpetual Index  
Under the following subjects  
ADMISSIONS ENROLLMENT  
PROGRAMS LEARNERS  
SA05 / April 28, 2026



Republic of the Philippines

## Department of Education

REGION III

### BATAAN HIGH SCHOOL FOR THE ARTS

(Enclosure No. 1 to School Memorandum No. 107 s. 2026)

MAY 05 2026

#### ENROLLMENT PROCEDURES AND FLOW

##### STEP 1 – REGISTRAR (Ms. Margioleh G. Alonzo)

Estimated time: 2-3 minutes

###### Incoming Scholars:

- PSA Birth Certificate
- Admission Notice / Acceptance Letter
- Report Card
- Accomplished Basic Education Enrollment Form (to be provided)

###### Current Scholars:

- Report Card
- Accomplished Basic Education Enrollment Form (to be provided)
- School Clearance

##### STEP 2 –NURSE (Nurse Timi Labandilo)

Estimated time: 2-3 minutes

- Accomplished Medical Certificate Form (to be provided)
- Two (2) copies recent 1x1 ID photo

##### STEP 3 – NUTRITIONIST (Ms. Louisa Dawn De Guzman)

Estimated time: 2-3 minutes

- Accomplished Nutrition Assessment Form (to be provided)

##### STEP 4 – DENTIST (Dr. France Joy Bonagua)

Estimated time: 2-3 minutes

- Accomplished Dental Assessment Form (to be provided)

##### STEP 5 – LIBRARIAN (Ms. Armida Gaviola)

Estimated time: 1-2 minutes

- Accomplished Library Clearance Form (to be provided)
- Two (2) copies recent 1x1 ID photo

##### STEP 6 – DORMITORY (Ms. Imelda Villanueva)

Estimated time: 2-3 minutes

- Accomplished Dormitory Information Form (to be provided)
- Duly signed Weekend Stay Waiver (if applicable)
- Two (2) copies recent 1x1 ID photo

##### STEP 7 – LANDBANK ACCOUNT REQUIREMENTS (Ms. Jenevei Acar)

(FOR NEW STUDENTS ONLY)

Estimated time: 1-2 minutes

- PSA Birth Certificate (Photocopy)
- Initial deposit of Fifty Pesos (₱50.00)

##### STEP 8 – PICTURE TAKING / PHOTO VALIDATION (Mr. Christian Mangalindan)

Estimated time: 2-5 minutes

- Incoming Grade 7 Scholars and Grade 8 Transferees – Official ID picture-taking
- Returning Scholars – ID validation by ADAS II



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(Enclosure No. 2 to School Memorandum No. 162 s. 2026)

MAY 05 2026

May 4, 2026

DEAR MADAM/SIR:

Greetings!

Following the Department of Education's protocol to health safety and security, Bataan High School for the Arts requires a medical certificate submission from its incoming Grade 7 arts scholars. Any information provided will be kept confidential and will be used for the delivery of health service accordingly.

We are requesting to do the following laboratory test, **Urinalysis, Complete Blood Count (CBC) and Chest X-Ray** that will attest our learner's normal health condition. This is to assure that he/she is fit to be housed in the school's dormitory this School Year 2026-2027. If there is a present diagnosis or previous diagnosis, or restrictions to food and/or other activities, kindly state such in the medical certificate.

Attached herewith is an optional medical certificate form that you can utilize for this request.

Thank you.

Truly Yours,

**TIMI T. LABANDILO, RN, LPT**  
BHSA School Nurse





Republic of the Philippines  
**Department of Education**  
REGION III  
**BATAAN HIGH SCHOOL FOR THE ARTS**

(Enclosure No. 3 to School Memorandum No. 102 s. 2026)

MAY 05 2026

**STUDENT'S NUTRITION ASSESSMENT FORM**

**Student Information:**

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- **Age:** \_\_\_\_\_
- **Grade Level:** \_\_\_\_\_
- **School Year:** \_\_\_\_\_
- **Parent/Guardian Name:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_

**Medical and Dietary Information**

**1. Does your child have any diagnosed food allergies?**

Yes  No

If yes, please list all allergens and describe the reaction:

Yes  No

If yes, please specify:

- Vegetarian
- Vegan
- Gluten-Free
- Dairy-Free
- Nut-Free
- Halal
- Kosher
- Other (please describe): \_\_\_\_\_

**3. Is a medical note or documentation available to support the dietary restrictions?**

- Yes (please attach medical certificate)
- No

**4. Does your child require assistance or supervision during meal times?**

Yes  No

If yes, please describe:

**5. Please list any preferred foods, cultural dietary practices, or other relevant details that may help us support your child's nutritional needs:**

**2. Does your child follow a special diet or have specific dietary restrictions?** \_\_\_\_\_

**Emergency Response for Food Allergies (if applicable)**

**Does your child require an EpiPen or similar emergency treatment for allergic reactions?**

Yes  No

**Emergency Contact Information**

**Parent/Guardian Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Parent/Guardian Signature**

*I confirm that the above information is accurate and up to date. I understand it is my responsibility to inform the school of any changes to my child's dietary needs or health conditions.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nutritionist's Signature:



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(Enclosure No. 4 to School Memorandum No. 602 s. 2026)

MAY 05 2026

**DENTAL HEALTH FORM**

**I. LEARNER'S PERSONAL INFORMATION**

Name of Student: \_\_\_\_\_

LRN: \_\_\_\_\_

Grade/Year Level: \_\_\_\_\_

Section/Strand (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**II. DENTAL HEALTH HISTORY**

1. Has your child experienced toothache within the last 6 months?  
 Yes  No
2. Has your child undergone tooth extraction?  
 Yes  No
3. Has your child undergone dental filling/restoration?  
 Yes  No
4. Has your child received oral prophylaxis/cleaning?  
 Yes  No
5. Does your child have swollen gums or bleeding gums?  
 Yes  No
6. Does your child have orthodontic appliance/braces?  
 Yes  No
7. Is your child currently under dental treatment?  
 Yes  No If yes, please specify: \_\_\_\_\_
8. Name of family/private dentist (if any): \_\_\_\_\_



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**PARENTAL CONSENT FOR SCHOOL DENTAL SERVICES**

Dear Parent/Guardian,

In line with the school's commitment to promote and maintain the oral health of our students, the School Dental Clinic will provide routine dental services to BHSA students for the duration of their stay in the school.

These services may include:

- Oral examination and dental assessment
- Oral prophylaxis (cleaning)
- Fluoride application
- Basic restorative treatment
- Simple tooth extraction (when necessary)
- Oral health education and counseling
- Referral to specialists when necessary

All procedures will be performed by the school dentist in accordance with standard infection control and safety protocols.

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_  
(Student's Name).

hereby give my consent for my child to receive routine dental services provided by the School Dental Clinic of Bataan High School for the Arts for the duration of his/her stay in the school.

I understand that:

- I will be informed if extensive treatment or emergency procedures are required.
- I may withdraw this consent at any time by submitting a written notice to the school.
- The school dentist will exercise professional judgment in providing appropriate care.
- If my child is currently undergoing orthodontic treatment (e.g., wearing braces or other orthodontic appliances), I will inform the School Dentist. I understand that any procedure that may affect the orthodontic treatment may require prior coordination or consent from my child's attending dentist/orthodontist.
- If deemed necessary for proper diagnosis and treatment planning, the School Dentist may recommend a panoramic dental X-ray. I understand that such imaging will be requested from a licensed radiographic facility and may require separate parental consent prior to the procedure.

\_\_\_\_\_  
Signature over printed name of Parent/Guardian



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(Enclosure No. 5 to School Memorandum No. 127 s. 2026)

MAY 05 2026

**PATRON'S INFORMATION SHEET**

Date of Application: \_\_\_\_\_  
Category:  Faculty  Non-teaching  Student  Others (specify): \_\_\_\_\_  
Sex:  Male  Female  
Program/Specialization/Department: \_\_\_\_\_ Student/Employee No: \_\_\_\_\_

Name: \_\_\_\_\_  
Surname First Name Middle Name

Contact No: \_\_\_\_\_ Email Address: \_\_\_\_\_

Remarks: \_\_\_\_\_

*In view of the BHSA-LIS facilities and its resources,  
I hereby agree to comply with all the rules and regulations.*

*Approved by:*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**BHSA DORMITORY/ RESIDENCE FORM**  
Academic Year: \_\_\_\_\_

MAY 05 2026

New Student  Old Student  
Grade Level/Section: \_\_\_\_\_  
Specialization: \_\_\_\_\_

**Personal Data**

Name: \_\_\_\_\_  
(Last name) (First name) Middle Name)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Assigned Gender at Birth:  Male  Female

Nationality: \_\_\_\_\_ Language(s) Spoken: \_\_\_\_\_ Religion: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Landline: \_\_\_\_\_ Mobile Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Parent/ Guardian's Information:**

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Contact No. \_\_\_\_\_

Work: \_\_\_\_\_

Office Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please Check:  Alive  Deceased

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Contact No. \_\_\_\_\_

Work: \_\_\_\_\_

Office Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please Check:  Alive  Deceased



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MAY 05 2025

**Short Medical History**

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**Guardian or Relative living in or near Bagac, Bataan**

Name: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_ Age: \_\_\_\_ Contact No. \_\_\_\_\_

**List of Fetchers**

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact No. \_\_\_\_\_
2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact No. \_\_\_\_\_
3. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact No. \_\_\_\_\_

**Certified True and Correct**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Parent



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(Enclosure No. 7 to School Memorandum No. 107 s. 2026)

MAY 05 2026

**WEEKEND STAY APPLICATION AND WAIVER FORM**

(For Scholars Requesting Permission to Stay in Campus Dormitory During Weekends)

**I. SCHOLAR INFORMATION**

**Name of Scholar:** \_\_\_\_\_

**Grade/Year & Art Specialization:** \_\_\_\_\_

**Dormitory Room Assignment:** \_\_\_\_\_

**Permanent Home Address:** \_\_\_\_\_

**II. APPLICATION FOR WEEKEND STAY**

I, \_\_\_\_\_, a scholar of Bataan High School for the Arts, respectfully request permission to remain within the school dormitory during the weekend/s specified below:

**Date/s of Requested Weekend Stay:**

**Reason/s for Weekend Stay**

(Please check all applicable reasons and provide necessary details.)

**Distance / Residence is far from school**

Residence located at: \_\_\_\_\_

**Parent/Guardian Unavailability to Fetch/Receive Scholar**

**Financial Constraints / Transportation Difficulty**

**Participation in School-Related Activity / Rehearsal / Project**

Specify: \_\_\_\_\_

**Health / Safety Concern**

**Other Valid Reason/s:**

I certify that the above information is true and correct, and that this request is being made for legitimate and necessary reasons.

**Signature of Scholar:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**III. PARENT/GUARDIAN CONSENT AND WAIVER**

I, \_\_\_\_\_, parent/legal guardian of the above-named scholar, hereby give my full consent for my child/ward to stay at the Bataan High School for the Arts dormitory during the requested weekend period/s.

I understand that:

- Weekend stay shall only be permitted upon prior approval of the proper school authorities and only for valid and meritorious reasons;
- The regular scholarship privileges and services of the school are primarily intended for official school days. Food, meals, and other related provisions during weekends are NOT covered under the regular scholarship benefits of the scholar, unless otherwise expressly provided or authorized by the school;



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- c. Any supervision, monitoring, dormitory assistance, or presence of school personnel during weekends shall be subject to the availability of school resources, assigned staff, and existing administrative arrangements. The school does not guarantee full regular staffing comparable to weekdays during such weekend stay;
- d. My child/ward shall strictly comply with all dormitory regulations, safety measures, curfew, cleanliness policies, and lawful instructions of authorized school personnel;
- e. I shall remain reachable at all times through the contact details provided and shall immediately coordinate with the school in case of emergency, health concern, or other urgent circumstances involving my child/ward;
- f. I acknowledge that the privilege of weekend stay may be revoked by the school at any time should there be policy violations, safety concerns, or administrative necessity.

**WAIVER OF LIABILITY**

In consideration of the approval of this request, I hereby voluntarily release, waive, and discharge Bataan High School for the Arts, its officials, employees, dormitory personnel, and authorized representatives from any liability arising from circumstances beyond reasonable school supervision during the approved weekend stay, except in cases of gross negligence or willful misconduct.

Further, I affirm that this weekend stay request is made with my knowledge and consent, and I undertake to cooperate with the school in ensuring the safety and welfare of my child/ward.

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**IV. SCHOLAR'S UNDERTAKING**

I hereby agree to the following conditions during my approved weekend stay:

- I shall remain inside the dormitory premises unless otherwise authorized;
- I shall strictly observe all school and dormitory regulations;
- I shall maintain cleanliness, order, and respect for school property;
- I shall avoid bringing unauthorized visitors or leaving campus without permission;
- I understand that any violation committed during the weekend stay may result in disciplinary action and revocation of this privilege.

**Signature of Scholar:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**V. RECOMMENDING APPROVAL**

**Reviewed by:**

**Dormitory Manager / Dormitory-in-Charge**

**Date:** \_\_\_\_\_

**APPROVED**

**DISAPPROVED**

**Deputy Director, Student Affairs and Academic Affairs**

**Date:** \_\_\_\_\_

**VI. APPROVAL OF REQUEST**

**APPROVED**

**DISAPPROVED**

**Chief Administrative Officer, Student Affairs**

**Date:** \_\_\_\_\_

**VII. REMARKS / CONDITIONS (if any)**

\_\_\_\_\_



BASIC EDUCATION ENROLLMENT FORM

THIS FORM IS NOT FOR SALE.

School Year

Grid for School Year (Year - Month)

Grade level to Enroll:

Grid for Grade level

Check the appropriate box only

1. With LRN?  Yes  No

2. Returning (Balik-Aral)  Yes  No

INSTRUCTIONS:

Print legibly all information required in CAPITAL letters. Submit accomplished form to the Person-in-Charge/Registrar/Class Adviser. Use black or blue pen only.

LEARNER INFORMATION

PSA Birth Certificate No. (if available upon registration)

Learner Reference No.

Grid for Learner Reference No.

(LRN) Last Name

Grid for (LRN) Last Name

Birthdate (mm/dd/yyyy)

Grid for Birthdate

Place of Birth (Municipality/City)

Grid for Place of Birth

First Name

Grid for First Name

Sex  Male

Female

Age

Grid for Age

Mother Tongue

Grid for Mother Tongue

Middle Name

Grid for Middle Name

Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community

Yes  No

If Yes, please specify:

Extension Name e.g. Jr., III (if applicable)

Grid for Extension Name

Is your family a beneficiary of 4Ps?  Yes  No

If Yes, write the 4Ps Household ID Number below

Grid for 4Ps Household ID Number

Is the child a Learner with Disability?  Yes  No

If Yes, specify the type of disability:

Visual Impairment

a. blind

b. low vision

Multiple Disorder

Hearing Impairment

Autism Spectrum Disorder

Speech/Language Disorder

Learning Disability

Emotional- Behavioral Disorder

Cerebral Palsy

Intellectual Disability

Orthopedic/Physical Handicap

Special Health Problem/ Chronic Disease

a. Cancer

Current Address

House No.

Grid for House No.

Sitio/Street Name

Grid for Sitio/Street Name

Barangay

Grid for Barangay

Municipality/City

Grid for Municipality/City

Province

Grid for Province

Country

Grid for Country

Zip Code

Grid for Zip Code

Permanent Address

Same with your Current Address?

Yes

No

House No./Street

Grid for House No./Street

Street Name

Grid for Street Name

Barangay

Grid for Barangay

Municipality/City

Grid for Municipality/City

Province

Grid for Province

Country

Grid for Country

Zip Code

Grid for Zip Code

PARENT'S/GUARDIAN'S INFORMATION

Father's Name

Last Name

Grid for Father's Last Name

First Name

Grid for Father's First Name

Middle Name

Grid for Father's Middle Name

Contact Number

Grid for Father's Contact Number

Mother's Maiden Name

Last Name

Grid for Mother's Last Name

First Name

Grid for Mother's First Name

Middle Name

Grid for Mother's Middle Name

Contact Number

Grid for Mother's Contact Number

Legal Guardian's Name

Last Name

Grid for Legal Guardian's Last Name

First Name

Grid for Legal Guardian's First Name

Middle Name

Grid for Legal Guardian's Middle Name

Contact Number

Grid for Legal Guardian's Contact Number

**For Returning Learner (Balik-Aral) and Those Who will Transfer/Move In**

Last Grade Level Completed \_\_\_\_\_

Last School Year Completed \_\_\_\_\_

Last School Attended \_\_\_\_\_

School ID

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**For Learners in Senior High School**

Semester  1st  2<sup>nd</sup>

Track \_\_\_\_\_

Strand \_\_\_\_\_

If school will implement other distance learning modalities aside from face-to-face instruction, what would you prefer for your child?

Choose all that apply:

- |  |   |  |                                  |
|--|---|--|----------------------------------|
| <input type="checkbox"/> Modular (Print)   | <input type="checkbox"/> Online                 | <input type="checkbox"/> Radio-Based Instruction | <input type="checkbox"/> Blended |
| <input type="checkbox"/> Modular (Digital) | <input type="checkbox"/> Educational Television | <input type="checkbox"/> Homeschooling           |                                  |

I hereby certify that the above information given are true and correct o the best of my knowledge and I allow the Department of Education to use my child's details to create and/or update his/her learner profile in the Learner Information System. The information herein shall be treated as confidential in compliance with the Data Privacy Act of 2012.

\_\_\_\_\_  
Signature Over Printed Name of Parent/Guardian

\_\_\_\_\_  
Date