**PROCESSING SHEET FOR APPLICATION FOR**

**HOMESCHOOLING PROGRAM (PRIVATE SCHOOLS)**

(Pursuant to DepEd Order #001 s. 2022)

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCUMENTARY REQUIREMENTS**

Pursuant to DepEd Order No. 001, s. 2022

1. Letter of Intent addressed to the Regional Director
2. Authorization Letter to offer Homeschooling Program as Alternative Delivery Mode (ADM) from SDO
3. Original Copy of Board Resolution to Offer Homeschooling Program as an ADM signed by the Corporate Secretary
4. Copy of Homeschooling Program Manual, which includes, but is not limited to, a discussion of the program standards: program management, curriculum, instruction, assessment, among others;
5. Homeschool Organizational Chart (which shall include the homeschool coordinator) with the corresponding roles and responsibilities of each member
6. Certification of availability of learning resources aligned with the K to 12 Curriculum
7. Orientation/Training Plan for parents/guardians, duly certified by the School Head
8. Annual Homeschooling Program Calendar duly certified by the School Head
9. Notarized schedule of tuition and other school fees for the Homeschooling Program
10. Copy of accomplished Annex 1 (Learning Plan), Annex 2 (Home Schooling Program Form), Annex 3 (Letter of Intent of Parents/Guardians), Annex 4 (Agreement)

Findings and recommendations:

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| Evaluated:    SDO ADM COORDINATOR  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | SDO IN-CHARGE OF PRIVATE SCHOOLS  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |
| Noted:    CID CHIEF  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | SGOD CHIEF  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

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| Reviewed:      RO ADM COORDINATOR  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | Noted:  CLMD CHIEF  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |

Findings and recommendations:

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| Validated:    QAD IN-CHARGE OF DIVISION  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | Noted:  QAD OIC-CHIEF  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |