



Republic of the Philippines  
**Department of Education**  
REGION I

SCHOOLS DIVISION OF THE CITY OF BATAC

DIVISION MEMORANDUM  
No. 249, s. 2025

11 APR 2025

**VALIDATION OF SCHOOL PROFILE IN THE  
BASIC EDUCATION INFORMATION SYSTEM**

To: Assistant Schools Division Superintendent  
Chief Education Supervisors  
Planning Officer III  
All School Heads (Public, Private and SUC)  
All Others Concerned

1. In line with the updating of school profile in the Basic Education Information System and to ensure accuracy and reliability of education data, all schools are advised to subject their school profile to data validation. The validation period will run from **April 22, 2025 to April 28, 2025**.
2. The final validated School Profile must be uploaded to the BEIS system on or before April 29, 2025. In addition, schools are required to submit the printed hard copy of the said profile, together with the accomplished School Profile Validation Checklist, to the School Governance and Operations Division (SGOD) on the same date.
3. All validators are requested to attend a brief orientation on April 21, 2025, 9:30 a.m. at the SDO Conference Hall, Schools Division Office.
4. Attached are the following references:  
Enclosure 1. School Profile Validation Procedure  
Enclosure 2. List of Validators  
Enclosure 3. Validator's Checklist  
Enclosure 4. School Profile Validation Checklist.
5. For information and strict compliance.

**ANSELMO R. ALUDINO**  
Schools Division Superintendent

Encl.: As stated  
Reference: None  
To be included in the Perpetual Index  
Under the following subject:

BASIC EDUCATION DATA  
BEIS  
DATA GATHERING FORMS

By the Authority of the SDS:

**ARNEL S. BANDIOLA**  
Assistant Schools Division Superintendent

SGOD/dro/ 25004 Validation of School Profiles in the Basic Education Information System



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**Enclosure 1. School Profile Validation Procedure**

1. The school head or designated personnel shall thoroughly review the current school profile data in BEIS. Ensure all fields are accurate and filled-out based on the most recent and valid school records.
2. School heads or their representatives may proceed with the designated validators at their most convenient time during the period of April 22 to 28, 2025.
3. There will be no specific schedule per school, allowing flexibility for schools to choose their preferred date and time.
4. Validators will review the school profile data through the supporting documents provided.
5. Discrepancies will be noted through the School Profile Validation Checklist, and schools will be advised to revise or correct the entries accordingly. The validator will mark the discrepancy as "resolved" once all data is validated and found consistent.
6. The final, signed, and validated school profile must be uploaded to the BEIS system on or before April 29 2025. In addition, schools are required to submit the printed hard copy of the said profile, together with the accomplished School Profile Validation Checklist, to the School Governance and Operations Division (SGOD) on the same date.





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**Enclosure 2. List of Validators**

| Program/Area   | Validator/Focal Person      | Position                            | Office      |
|--|-----------------------------|-------------------------------------|-------------|
| Planning   | DEEJAY R. OPELAC            | Planning Officer III                | <b>SGOD</b> |
| Division SPED Coordinator                              | AUBRHEY MARIE R. OASAY, PhD | Education Program Supervisor        | <b>CID</b>  |
| Division EPS for LRMDs                                 | AUBRHEY MARIE R. OASAY, PhD | Education Program Supervisor        | <b>CID</b>  |
| Division HR Personnel                                  | JADLEY MEL P. PISO          | Administrative Officer IV           | <b>OSDS</b> |
| Division HRTD  | MARK LOUIE P. DULDULAO      | Education Program Specialist II     | <b>SGOD</b> |
| Learning Action Cell                                   | EPS-IN-CHARGE OF MONITORING | Education Program Supervisor        | <b>CID</b>  |
| Action Research  | EDWIN V. TANGONAN           | Senior Education Program Specialist | <b>SGOD</b> |
| Division Youth Formation Coordinator/                  | ANGELO M. BANGCUD           | Project Development Officer I       | <b>SGOD</b> |
| Division Child Protection Focal Person/LEARNERS RIGHTS | ANGELO M. BANGCUD           | Project Development Officer I       | <b>SGOD</b> |
| Information Technology                                 | MARK ANTHONY R. BENSAN      | Information Technology Officer I    | <b>OSDS</b> |
| Asset Management (ICT Equipment/Computers)             | ANGELICA D. OBIANO          | Administrative Officer IV           | <b>OSDS</b> |
| Division Accountant                                    | JENNIFER C. BUNGUBUNG, CPA  | Accountant III                      | <b>OSDS</b> |
| Facilities Coordinator/Division Engineer               | JACQUELINE G. ABIÑO         | Division Engineer                   | <b>SGOD</b> |
| School Site Focal Person                               | GERWIN V. DELA ROSA         | T3/Legal Officer Designate          | <b>OSDS</b> |
| Division Sports Coordinator                            | GILBERT P. ISLA, EdD        | Education Program Supervisor        | <b>SGOD</b> |
| Division DRRM Coordinator                              | RHAIAN A. GAMET             | Project Development Officer II      | <b>SGOD</b> |



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| Program/Area  | Validator/Focal Person                          | Position                           | Office      |
|---|---|------------------------------------|-------------|
| SCHOOL HEALTH<br>Health and Nutrition   | School Nurse-in-Charge/MARITESS D. DIEGO, MD    | Nurse II/<br>Medical Officer III   | <b>SGOD</b> |
| Wash Facilities/ Tobacco Control/Preventive Drug Education                                    | JEDIDIAH B. JAGTO/ MARITESS D. DIEGO, MD        | Nurse II/<br>Medical Officer III   | <b>SGOD</b> |
| Oral Health   | MARITESS D. DIEGO, MD                           | Dentist II/<br>Medical Officer III | <b>SGOD</b> |
| Mental Health/<br>Adolescent Reproductive Health/Solid Waste Mgt/Sanitation/Menstrual Hygiene | JUDITH IVY R. MANGOBA/<br>MARITESS D. DIEGO, MD | Nurse II/<br>Medical Officer III   | <b>SGOD</b> |
| Cancer Cases  | MARITESS D. DIEGO, MD                           | Medical Officer III                | <b>SGOD</b> |
| Feeding Program/Food Handling   | MIRASOL V. MANGASEP/<br>MARITESS D. DIEGO, MD   | Nurse II/<br>Medical Officer III   | <b>SGOD</b> |
| Career Guidance Program   | ADELAIDA P. MANGLAL-LAN                         | Guidance Counselor II              | <b>SGOD</b> |



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**Enclosure 3.**

**BEIS SCHOOL PROFILE**  
**Validator's Checklist**

|                           |   |  |
|---------------------------|---|--|
| <b>Name of Validator:</b> | : |  |
| <b>Area</b>               | : |  |

**List of Schools Validated**

*Direction: Log each visit of school heads/ representatives during the validation period.*

| School Name                             | Visit No. | Validation |      | Signature of School Head |
|---|-----------|------------|------|--------------------------|
|   |           | Date       | Time |                          |
| Catalino Acosta Mem. ES,<br>SpeD Center | 1         |            |      |                          |
|   | 2         |            |      |                          |
|   | 3         |            |      |                          |
|   | 4         |            |      |                          |
|   | 5         |            |      |                          |
| Colo-Mabaleng ES                        | 1         |            |      |                          |
|   | 2         |            |      |                          |
|   | 3         |            |      |                          |
|   | 4         |            |      |                          |
|   | 5         |            |      |                          |
| Cumcumraas-Manggadi-<br>Pitpitac        | 1         |            |      |                          |
|   | 2         |            |      |                          |
|   | 3         |            |      |                          |
|   | 4         |            |      |                          |
|   | 5         |            |      |                          |
| Mariano Marcos Memorial ES              | 1         |            |      |                          |
|   | 2         |            |      |                          |
|   | 3         |            |      |                          |
|   | 4         |            |      |                          |
|   | 5         |            |      |                          |
| Magnuang ES                             | 1         |            |      |                          |
|   | 2         |            |      |                          |
|   | 3         |            |      |                          |
|   | 4         |            |      |                          |
|   | 5         |            |      |                          |
| Maipalig-Quiom ES                       | 1         |            |      |                          |
|   | 2         |            |      |                          |
|   | 3         |            |      |                          |





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| School Name               | Visit No. | Validation |      | Signature of School Head |
|---------------------------|-----------|------------|------|--------------------------|
|                           |           | Date       | Time |                          |
|                           | 4         |            |      |                          |
|                           | 5         |            |      |                          |
| Naguirangan-Capacuan ES   | 1         |            |      |                          |
|                           | 2         |            |      |                          |
|                           | 3         |            |      |                          |
|                           | 4         |            |      |                          |
|                           | 5         |            |      |                          |
| P. Q. Pimentel ES         | 1         |            |      |                          |
|                           | 2         |            |      |                          |
|                           | 3         |            |      |                          |
|                           | 4         |            |      |                          |
|                           | 5         |            |      |                          |
| Parangopong ES            | 1         |            |      |                          |
|                           | 2         |            |      |                          |
|                           | 3         |            |      |                          |
|                           | 4         |            |      |                          |
|                           | 5         |            |      |                          |
| Payao Elementary School   | 1         |            |      |                          |
|                           | 2         |            |      |                          |
|                           | 3         |            |      |                          |
|                           | 4         |            |      |                          |
|                           | 5         |            |      |                          |
| Quiling Elementary School | 1         |            |      |                          |
|                           | 2         |            |      |                          |
|                           | 3         |            |      |                          |
|                           | 4         |            |      |                          |
|                           | 5         |            |      |                          |
| Sumader ES                | 1         |            |      |                          |
|                           | 2         |            |      |                          |
|                           | 3         |            |      |                          |
|                           | 4         |            |      |                          |
|                           | 5         |            |      |                          |
| Tabug ES                  | 1         |            |      |                          |
|                           | 2         |            |      |                          |



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| School Name              | Visit No. | Validation |      | Signature of School Head |
|--------------------------|-----------|------------|------|--------------------------|
|                          |           | Date       | Time |                          |
|                          | 3         |            |      |                          |
|                          | 4         |            |      |                          |
|                          | 5         |            |      |                          |
| Benigno Macadaeg Mem. ES | 1         |            |      |                          |
|                          | 2         |            |      |                          |
|                          | 3         |            |      |                          |
|                          | 4         |            |      |                          |
|                          | 5         |            |      |                          |
| Baay ES                  | 1         |            |      |                          |
|                          | 2         |            |      |                          |
|                          | 3         |            |      |                          |
|                          | 4         |            |      |                          |
|                          | 5         |            |      |                          |
| Baligat ES               | 1         |            |      |                          |
|                          | 2         |            |      |                          |
|                          | 3         |            |      |                          |
|                          | 4         |            |      |                          |
|                          | 5         |            |      |                          |
| Baoa ES                  | 1         |            |      |                          |
|                          | 2         |            |      |                          |
|                          | 3         |            |      |                          |
|                          | 4         |            |      |                          |
|                          | 5         |            |      |                          |
| Bil-Loca ES              | 1         |            |      |                          |
|                          | 2         |            |      |                          |
|                          | 3         |            |      |                          |
|                          | 4         |            |      |                          |
|                          | 5         |            |      |                          |
| Biningan ES              | 1         |            |      |                          |
|                          | 2         |            |      |                          |
|                          | 3         |            |      |                          |
|                          | 4         |            |      |                          |
|                          | 5         |            |      |                          |
| Camandingan ES           | 1         |            |      |                          |
|                          | 2         |            |      |                          |
|                          | 3         |            |      |                          |



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| School Name                      | Visit No. | Validation |      | Signature of School Head |
|----------------------------------|-----------|------------|------|--------------------------|
|                                  |           | Date       | Time |                          |
| Dariwdiw ES                      | 4         |            |      |                          |
|                                  | 5         |            |      |                          |
|                                  | 1         |            |      |                          |
|                                  | 2         |            |      |                          |
|                                  | 3         |            |      |                          |
| Hilario Valdez Mem. Elem. School | 4         |            |      |                          |
|                                  | 5         |            |      |                          |
|                                  | 1         |            |      |                          |
|                                  | 2         |            |      |                          |
|                                  | 3         |            |      |                          |
| Nagbacalan ES                    | 4         |            |      |                          |
|                                  | 5         |            |      |                          |
|                                  | 1         |            |      |                          |
|                                  | 2         |            |      |                          |
|                                  | 3         |            |      |                          |
| Rayuray Elementary School        | 4         |            |      |                          |
|                                  | 5         |            |      |                          |
|                                  | 1         |            |      |                          |
|                                  | 2         |            |      |                          |
|                                  | 3         |            |      |                          |
| San Mateo ES                     | 4         |            |      |                          |
|                                  | 5         |            |      |                          |
|                                  | 1         |            |      |                          |
|                                  | 2         |            |      |                          |
|                                  | 3         |            |      |                          |
| Baoa East ES                     | 4         |            |      |                          |
|                                  | 5         |            |      |                          |
|                                  | 1         |            |      |                          |
|                                  | 2         |            |      |                          |
|                                  | 3         |            |      |                          |
| Batac National High School       | 4         |            |      |                          |
|                                  | 5         |            |      |                          |





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| School Name                                  | Visit No. | Validation |      | Signature of School Head |
|--|-----------|------------|------|--------------------------|
|  |           | Date       | Time |                          |
|  | 3         |            |      |                          |
|  | 4         |            |      |                          |
|  | 5         |            |      |                          |
| Crispina Marcos Valdez National High School  | 1         |            |      |                          |
|  | 2         |            |      |                          |
|  | 3         |            |      |                          |
|  | 4         |            |      |                          |
|  | 5         |            |      |                          |
| City of Batac National High School Rayuray   | 1         |            |      |                          |
|  | 2         |            |      |                          |
|  | 3         |            |      |                          |
|  | 4         |            |      |                          |
|  | 5         |            |      |                          |
| City of Batac National High School Payao     | 1         |            |      |                          |
|  | 2         |            |      |                          |
|  | 3         |            |      |                          |
|  | 4         |            |      |                          |
|  | 5         |            |      |                          |
| City of Batac National High School Poblacion | 1         |            |      |                          |
|  | 2         |            |      |                          |
|  | 3         |            |      |                          |
|  | 4         |            |      |                          |
|  | 5         |            |      |                          |
| General Artemio Ricarte Senior High School   | 1         |            |      |                          |
|  | 2         |            |      |                          |
|  | 3         |            |      |                          |
|  | 4         |            |      |                          |
|  | 5         |            |      |                          |
| Ferdinand E. Marcos Senior High School       | 1         |            |      |                          |
|  | 2         |            |      |                          |
|  | 3         |            |      |                          |



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| School Name | Visit No. | Validation |      | Signature of School Head |
|-------------|-----------|------------|------|--------------------------|
|             |           | Date       | Time |                          |
|             | 4         |            |      |                          |
|             | 5         |            |      |                          |

Accomplished by:

\_\_\_\_\_  
Validator



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Enclosure 4. School Profile Validation Checklist

**BEIS SCHOOL PROFILE**  
**School Profile Validation Checklist**

|             |   |  |
|-------------|---|--|
| School Name | : |  |
| School ID   | : |  |
| School Head | : |  |

Direction: Validators shall check the appropriate box after each validation session. If there are no discrepancies, mark "Yes". If discrepancies are found, mark "No". The school head or representative shall return once corrections are made. If the revised data is accepted, rule out the previously checked "No" and check "Yes" to indicate approval.

| Program/Area   | Data Accepted<br>(If revised and accepted,<br>kindly rule out "No")        | Signature | Date/Time |
|--|--|-----------|-----------|
| Planning   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (for revision) |           |           |
| Division SPED Coordinator                              | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (for revision) |           |           |
| Division EPS for LRMS                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (for revision) |           |           |
| Division HR Personnel                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (for revision) |           |           |
| Division HRTD  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (for revision) |           |           |
| Learning Action Cell                                   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (for revision) |           |           |
| Action Research  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (for revision) |           |           |
| Division Youth Formation Coordinator/                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (for revision) |           |           |
| Division Child Protection Focal Person/LEARNERS RIGHTS | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (for revision) |           |           |
| Information Technology                                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (for revision) |           |           |
| Asset Management (ICT Equipment/Computers)             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (for revision) |           |           |
| Division Accountant                                    | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (for revision) |           |           |





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| Program / Area   | Data Accepted<br>(If revised and accepted,<br>kindly rule out "No") |                   | Signature | Date/Time |
|--|---|-------------------|-----------|-----------|
| Facilities<br>Coordinator/Division<br>Engineer   | <input type="checkbox"/>  | Yes               |           |           |
|  | <input type="checkbox"/>  | No (for revision) |           |           |
| School Site Focal Person   | <input type="checkbox"/>  | Yes               |           |           |
|  | <input type="checkbox"/>  | No (for revision) |           |           |
| Division Sports<br>Coordinator   | <input type="checkbox"/>  | Yes               |           |           |
|  | <input type="checkbox"/>  | No (for revision) |           |           |
| Division DRRM<br>Coordinator   | <input type="checkbox"/>  | Yes               |           |           |
|  | <input type="checkbox"/>  | No (for revision) |           |           |
| SCHOOL HEALTH<br>Health and Nutrition  | <input type="checkbox"/>  | Yes               |           |           |
|  | <input type="checkbox"/>  | No (for revision) |           |           |
| Wash Facilities/ Tobacco<br>Control/Preventive Drug<br>Education                                       | <input type="checkbox"/>  | Yes               |           |           |
|  | <input type="checkbox"/>  | No (for revision) |           |           |
| Oral Health  | <input type="checkbox"/>  | Yes               |           |           |
|  | <input type="checkbox"/>  | No (for revision) |           |           |
| Mental Health/<br>Adolescent Reproductive<br>Health/Solid Waste<br>Mgt/Sanitation/Menstrual<br>Hygiene | <input type="checkbox"/>  | Yes               |           |           |
|  | <input type="checkbox"/>  | No (for revision) |           |           |
| Cancer Cases   | <input type="checkbox"/>  | Yes               |           |           |
|  | <input type="checkbox"/>  | No (for revision) |           |           |
| Feeding Program/Food<br>Handling   | <input type="checkbox"/>  | Yes               |           |           |
|  | <input type="checkbox"/>  | No (for revision) |           |           |
| Career Guidance Program  | <input type="checkbox"/>  | Yes               |           |           |
|  | <input type="checkbox"/>  | No (for revision) |           |           |

