



Republic of the Philippines
Department of Education
REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF EL SALVADOR CITY

Office of the Schools Division Superintendent

May 15, 2023

DIVISION MEMORANDUM

No. 228, s. 2023

**PHILIPPINE IDENTIFICATION SYSTEM INSTITUTIONAL
REGISTRATION AND ePHILID ISSUANCE IN SCHOOLS**

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
Public Elementary and Secondary School Heads
All Others Concerned
This Division

1. Pursuant to Republic Act No. 11055, also known as the Philippine Identification System Act, the Philippine Statistics Authority in cooperation with Department of Education, will facilitate the registration and ePhilID issuance of learners, school and division office personnel from May to June 2023.
2. The Philippine Identification System aims to establish a single national identification system to:
 - a. provide a valid proof of identity for all Filipino citizens; and
 - b. eliminate the need to present other forms of identification when transacting with the government and private sector.
3. For the registration of ePhilID, learners shall present school ID, birth certificate and/or SF 10 formerly Form 137 and parent's consent form to the PSA personnel. School and division personnel shall present any valid government identification card.
4. School heads and teachers shall prepare the required school form (SF 10) and guide learners in the filling up of forms prior to the indicated schedule of the school to ensure the smooth and systematic flow of the registration.
4. The Philippine Statistics personnel who will conduct the registration in the schools are:
 - Kim A. Perez – Registration Center Supervisor
 - Sheila Marie N. Bahian – Registration Kit Operator
 - Marjun C. Pabayo - Registration Kit Operator
 - Pimar G. Abao - Registration Kit Operator
 - Carmelo C. Pabatao - Registration Kit Operator
 - Kyr Fritz M. Galolo - Registration Kit Operator
 - Elaiza Eunice F. Lagno - Screener





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5. Attached are the schedule of registration by school, PhilSys Registration Form 1A, Parent's Consent Form, and Authorization Letter To Claim Printed ePhilID Template.
6. Moreover, this activity adheres to the Equal Opportunity Principle (EOP) in observing all policies and protocol of the said activity. Hence, all actions shall be based solely on guidelines set with no discrimination on the account of age, gender identity, sexual orientation, civil status, disability, religion, ethnicity, or political affiliation.
7. This Office directs the immediate and wide dissemination of this memorandum.

RANDOLPH B. TORTOLA
Schools Division Superintendent

To be indicated in the Perpetual Index
under the following subjects:

ASSESSMENT

DIVISION ACHIEVEMENT TEST

CID/naa





Republic of the Philippines
Department of Education
REGION X – NORTHERN MINDANAO
SCHOOLS DIVISION OF EL SALVADOR CITY

Attachment to Division Memorandum No. _____, s. 2023

SCHEDULE OF REGISTRATION BY SCHOOL

SCHOOL	SCHEDULE	GRADE LEVEL (NO. OF LEARNERS)
Amoros ES	JUNE 2, 2023	GRADE 5 (27) & GRADE 6 (53)
Bolisong ES	JUNE 22, 2023	GRADE 4 (27), GRADE 5 (15) & GRADE 6 (8)
Cogon ES	JUNE 21, 2023	GRADE 4 (13) & GRADES 5-6 (67)
ECCS	JUNE 14-15, 2023	GRADE 5 (19) & GRADE 6 (141)
Himaya ES	JUNE 7, 2023	GRADE 4 (9) & GRADE 5-6 (26)
Hinigdaan ES	JUNE 26, 2023	GRADE 5 (30), GRADE 6 (5) NG (5)
Kalabaylabay IS	JUNE 23, 2023	GRADE 6 (39), GRADE 9 (41)
Kibonbon ES	JUNE 22, 2023	GRADE 5 (15), GRADE 6 (25)
Molugan CS	MAY 18-19, 2023	GRADE 5 (49) & GRADE 6 (111)
Pedro Sa Baculio ES	JUNE 9, 2023	GRADE 5 (56), GRADE 6 (24)
Sambulawan ES	JUNE 5, 2023	GRADES 3 (64), 4 (10), 5 (4), 6 (38)
SFDAES	JUNE 27, 2023	GRADE 3 (14), GRADE 4,5 & 6 (26)
Sinaloc ES	JUNE 13, 2023	GRADE 6 (54)
Taytay ES	JUNE 6, 2023	GRADE 6 (42), GRADE 5 (38)
Ulaliman ES	JUNE 8, 2023	GRADE 4 (22), GRADES 5-6 (58)
Cogon NHS	JUNE 20, 2023	GRADES 11-12 (74)
ECNHS	JUNE 16-19, 2023	GRADE 11 (41), GRADE 12 (39)
Himaya NHS	JUNE 7, 2023	GRADE 10,11&12 (45)
Hinigdaan NHS	JUNE 26, 2023	GRADE 11 (23), GRADE 12 (17)
Molugan NHS	MAY 22, 2023 and JUNE 1, 2023	GRADE 12 (153) AND GRADE 11 (7)
Sambulawan NHS	JUNE 5, 2023	GRADES 7 (3),8 (4) ,9 (2) 11 (7)
SFDANHS	JUNE 27, 2023	GRADE 10 (7), GRADES 11-12 (33)
Sinaloc NHS	JUNE 13, 2023	GRADE 11 (4), GRADE 12 (22)





REPUBLIC OF THE PHILIPPINES
 PHILIPPINE STATISTICS AUTHORITY
 PhilSys Registration Form 1A



FOR 5 YEARS OLD AND ABOVE

Please read the instructions at the back before filling out this form. Print all information in **CAPITAL** letters and use **BLACK** ink only. Place an "X" mark on the applicable items.

THIS INFORMATION WILL BE PRINTED ON THE PHILID CARD

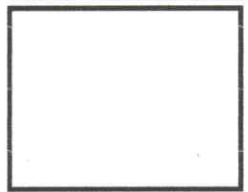
1	NAME			
	<small>(FIRST NAME)</small>	<small>(MIDDLE NAME)</small>	<small>(LAST NAME)</small>	<small>(SUFFIX)</small>
2	SEX		3 DATE OF BIRTH	
	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		- Y Y Y Y M M D D	
4	PLACE OF BIRTH			
	<small>(CITY/MUNICIPALITY)</small>		<small>(PROVINCE)</small>	<small>(COUNTRY)</small>
5	BLOOD TYPE		6 FILIPINO OR RESIDENT ALIEN	
	TYPE: _____ <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> FILIPINO <input type="checkbox"/> RESIDENT ALIEN	
7	MARITAL STATUS (OPTIONAL)			
	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> ANNULLED <input type="checkbox"/> NULLIFIED			
8	A. PERMANENT ADDRESS			
	<small>(RM/FLR/UNIT NO. BLDG NAME)</small>	<small>(HOUSE/LOT/BLOCK NO.)</small>	<small>(STREET)</small>	<small>(SUBDIVISION)</small>
	<small>(BARANGAY)</small>	<small>(CITY/MUNICIPALITY)</small>	<small>(PROVINCE/STATE)</small>	<small>(COUNTRY)</small>
	B. PRESENT ADDRESS (OPTIONAL) <input type="checkbox"/> SAME AS PERMANENT ADDRESS			
	<small>(RM/FLR/UNIT NO. BLDG NAME)</small>	<small>(HOUSE/LOT/BLOCK NO.)</small>	<small>(STREET)</small>	<small>(SUBDIVISION)</small>
	<small>(BARANGAY)</small>	<small>(CITY/MUNICIPALITY)</small>	<small>(PROVINCE)</small>	<small>(COUNTRY)</small>
9	MOBILE NUMBER (OPTIONAL)		10 EMAIL ADDRESS (OPTIONAL)	
	PhilSys notification will be sent through the provided mobile number.		PhilSys notification will be sent through the provided email address.	
11	SUPPORTING DOCUMENT/S PRESENTED <small>(Indicate the document/s presented as listed at the back of the Form.)</small>			
	TYPE OF DOCUMENTS		BReN/ID Number/ACR I-Card Number	
	1 _____			
	2 _____			
12	MODE OF PHILID DELIVERY			
	<input type="checkbox"/> DELIVER TO PERMANENT ADDRESS <input type="checkbox"/> DELIVER TO PRESENT ADDRESS			

DISCLOSURE UNDER SECTION 12 OF DATA PRIVACY ACT OF 2012 (RA No. 10173):
 I hereby declare that I am fully aware that the above data shall be used for securing a PhilSys Number (PSN) under the Philippine Identification System, issuance of PhilID, authentication and/or updating my demographic and biometric information in the PhilSys Registry. I trust that the above information shall remain confidential, hence, I give my consent that the same data be accessed for subsequent validation, verification, and other purposes consistent with the objectives of the PSA under RA No. 11055. I further affirm that all statements/information appearing in this registration form are made by me, true, correct, and complete to the best of my knowledge and belief.

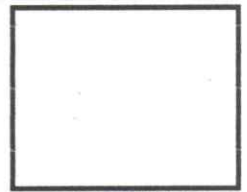
(FOR the Applicant who CANNOT SIGN, AFFIX fingerprints in the presence of a PhilSys Registration Personnel.)

 APPLICANT'S SIGNATURE OVER PRINTED NAME
(Must be signed in the presence of a PhilSys Registration Personnel)

 DATE



LEFT THUMB



RIGHT THUMB

FOR THE USE OF THE PHILIPPINE STATISTICS AUTHORITY ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.

SCREENER	ENCODER	BIOMETRIC EXCEPTIONS <i>(To be filled out by the Supervisor)</i>	
		<input type="checkbox"/> FRONT FACING PHOTOGRAPH <input type="checkbox"/> FINGERPRINTS Specify: _____	<input type="checkbox"/> IRIS SCAN <input type="checkbox"/> Left Iris <input type="checkbox"/> Right Iris
<small>SIGNATURE OVER PRINTED NAME</small>	<small>SIGNATURE OVER PRINTED NAME</small>	<small>SIGNATURE OVER PRINTED NAME</small>	<small>DATE:</small>

INSTRUCTIONS

- A. THIS FORM IS TO BE FILLED OUT WITH INFORMATION OF THE APPLICANT AGES FIVE (5) YEARS OLD AND ABOVE.
 B. FILL-OUT THIS FORM IN ONE (1) COPY. AVOID ERASURES AND ALTERATIONS. LINE OUT OR STRIKE THROUGH ANY ERRONEOUS ENTRY ONCE AND PUT YOUR INITIALS ABOVE THE ERASURE.
 C. PLACE AN "X" MARK ON THE APPLICABLE ITEMS.
 D. FILL-OUT THE APPROPRIATE ITEMS IN THE SPECIFIED FORMAT.
 E. IF A REQUIRED FIELD IS NOT APPLICABLE, INDICATE "N/A" OR "NOT APPLICABLE".

1. **NAME** Indicate your Full Name starting from your First Name, Middle Name, Last Name, and Suffix.

Example: JUN JUAN SANTOS DELA CRUZ JR
 (FIRST NAME) (MIDDLE NAME) (LAST NAME) (SUFFIX)

2. **SEX** Place an "X" mark on the selected box.

Example: MALE FEMALE

3. **DATE OF BIRTH** Fill in Date of Birth in YYYY-MM-DD

Example: 1983-09-10
 (YYYY-MM-DD)

4. **PLACE OF BIRTH** For Filipino citizen, indicate the name of the City/Municipality and Province of your Place of Birth.

Example: SAN JUAN METRO MANILA PHILIPPINES
 (City/Municipality) (Province) (Country)

For Resident Alien, indicate the Country of your Place of Birth. Leave the City/Municipality blank

Example: N/A N/A USA
 (City/Municipality) (Province) (Country)

5. **BLOOD TYPE** Indicate your Blood Type. If unknown, put an "X" mark on the box provided.

Example: Type: AB+
 UNKNOWN

6. **FILIPINO OR RESIDENT ALIEN** Place an "X" mark on the selected box if Filipino or Resident Alien.

Example: FILIPINO RESIDENT ALIEN

7. **MARITAL STATUS (OPTIONAL)** Place an "X" mark on the selected box.

Example: SINGLE MARRIED WIDOWED DIVORCED LEGALLY SEPARATED
 ANNULLED NULLIFIED

Note: If a married woman presenting a supporting document reflecting her maiden name but chooses to use her married name, she must present a PSA - issued Certificate of Marriage.

8. **A. PERMANENT ADDRESS** Indicate your complete address.

B. PRESENT ADDRESS (OPTIONAL)

Example:

A. PERMANENT ADDRESS

Rm 143 Block 143 ATIS MASAYA MALIGAYA QUEZON CITY METRO MANILA PHILIPPINES
 (Rm/Flr/Unit No. Bldg Name) (House/Lot/Block No) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)

B. PRESENT ADDRESS (OPTIONAL)

3rd Flr Lot 123 ARAW MASAGANA MAPAYAPA MAKATI METRO MANILA PHILIPPINES
 (Rm/Flr/Unit No. Bldg Name) (House/Lot/Block No) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)

For Resident Alien, indicate the Permanent Address that you are using in your country and the Present Address here in the Philippines.

Example:

A. PERMANENT ADDRESS

Unit 143 Lot 5 APPLE CALIFORNIA CALIFORNIA USA
 (Rm/Flr/Unit No. Bldg Name) (House/Lot/Block No) (Street) (Subdivision) (Barangay) (City/Municipality) (Province/State) (Country)

B. PRESENT ADDRESS (OPTIONAL)

3rd Flr Block 5 IRIS PSA MAAYOS ANTIPOLLO RIZAL PHILIPPINES
 (Rm/Flr/Unit No. Bldg Name) (House/Lot/Block No) (Street) (Subdivision) (Barangay) (City/Municipality) (Province) (Country)

9. **MOBILE NUMBER (OPTIONAL)** Indicate your primary Mobile Number. In case the applicant is a minor, the Mobile Number of the parent or guardian may be indicated.

Example: MOBILE NUMBER (Optional) 0918XXXX991

PhilSys notification will be sent through the provided mobile number only

10. **EMAIL ADDRESS (OPTIONAL)**

Indicate your active Email Address. Email address is not case sensitive and small letters will be accepted by the screener.

Example: EMAIL ADDRESS (Optional) philsys@psa.gov.ph

PhilSys notification will be sent through the provided email address only

11. **SUPPORTING DOCUMENT/S PRESENTED**

Write the name of the supporting documents presented. Refer to the list of supporting documents below.

BReN/ID Number/ACR I-Card Number

Write the BReN, ID Number and ACR I-Card Number

Example:

SUPPORTING DOCUMENT/S PRESENTED BReN/ID Number/ACR I-Card Number
 1. PSA-issued Certificate of Live Birth BReN 123XXXXXXXXXX
 2. Postal ID ID No. 123XXXXXXXXXX

12. **MODE OF PHILID DELIVERY**

DELIVER TO PERMANENT ADDRESS

Put an "X" mark on the box if you want your PhilID card to be delivered at your Permanent Address.

DELIVER TO PRESENT ADDRESS

Put an "X" mark on the box if you want your PhilID card to be delivered at your Present Address.

SUPPORTING DOCUMENTS

The duly accomplished application form shall be supported by presenting an original copy of any of the following PRIMARY supporting documents:

1. PSA-issued Certificate of Live Birth AND one (1) government-issued identification document with full name, photo and signature or thumbmark
2. DFA-issued Philippine Passport
3. GSIS or SSS-issued Unified Multi-Purpose Identification (UMID) Card
4. LTO-issued Student's License Permit or Non-Professional/Professional Driver's License

If the above-mentioned documents are not available, present an original copy of any of the following SECONDARY supporting documents:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. PSA-issued Certificate of Live Birth / NSO-issued Certificate of Live Birth with Birth Reference Number (BReN) 2. LCRO-issued Certificate of Live Birth 3. PSA-issued Report of Birth 4. PSA-issued Certificate of Foundling 5. Integrated Bar of the Philippines (IBP) ID 6. Professional Regulation Commission (PRC) ID 7. Seaman's Book 8. Overseas Workers Welfare Administration (OWWA) OFW e-card/IDOLE OFW ID 9. Senior Citizen Identification Card 10. Social Security System (SSS) ID 11. Pantawid Pamilyang Pilipino Program (4Ps) ID | <ol style="list-style-type: none"> 12. License to Own or Possess Firearms (LTOPF) 13. National Bureau of Investigation (NBI) Clearance 14. Police Clearance 15. Solo Parent ID 16. Person With Disability (PWD) ID 17. Voter's ID 18. Postal ID 19. Taxpayer Identification Number (TIN) ID 20. PhilHealth ID 21. Philippine Retirement Authority (PRA)- issued Special Resident Retiree's Visa (SRRV) 22. National ID from other countries 23. Residence ID from other countries |
|--|---|

The following secondary supporting documents **MUST** have a front-facing photograph, signature/thumbmark, full name, permanent address, and date of birth to be accepted:

- | | |
|---|---|
| <ol style="list-style-type: none"> 24. Employee ID 25. School ID 26. Barangay Clearance/Barangay Certificate | <ol style="list-style-type: none"> 27. Barangay ID 28. City/Municipality ID |
|---|---|

For Resident Aliens:

1. Valid Foreign Passport; and Alien Certificate of Registration (ACR)
2. Alien Certificate of Registration (ACR) or Alien Certificate of Registration Identification Card (ACR I-Card)

For Stateless Persons and Refugees:

1. Certificate of Recognition issued by Refugees and Stateless Persons Protection Unit (RSPPU) of the Department of Justice (DOJ)



REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY
 PHILIPPINE IDENTIFICATION SYSTEM



CONSENT FORM

I _____ Parent/Guardian of _____, a Filipino citizen, of legal age, and a resident of _____ hereby, declare that I understand that the Philippine Statistics Authority (PSA) is conducting the Philippine Information System Step 2 Registration at _____ and hereby allow my Son/Daughter to Register on the Philippine Identification System with the following details:

Full Name: _____
 Date of Birth: _____
 Place of Birth: _____
 Present Address: _____
 Permanent Address: _____

 Signature over printed full name of Parent/Guardian



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PHILIPPINE STATISTICS AUTHORITY
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 Signature over printed full name of Parent/Guardian



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 Date of Birth: _____
 Place of Birth: _____
 Present Address: _____
 Permanent Address: _____

 Signature over printed full name of Parent/Guardian



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CONSENT FORM

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Full Name: _____
 Date of Birth: _____
 Place of Birth: _____
 Present Address: _____
 Permanent Address: _____

 Signature over printed full name of Parent/Guardian

Authorization Letter To Claim Printed ePhilID Template

Date

Address

To whom it may concern,

I, _____, hereby authorize my/our _____,

<Name of Requesting Party>

<Relationship>

_____, to receive my printed ePhilID. I am not

<Name of Authorized Representative>

able to personally claim my ePhilID because

<Reason>

To support my claim, I have appended a copy of my transaction slip/valid identification document to serve as proof that I have allowed the bearer of this letter to claim the above-mentioned document on my behalf.

Thank you.

Truly yours,

Signature of the Requesting Party over Printed Name



Management System
ISO 9001:2015

www.tuv.com
ID 5108640991



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