



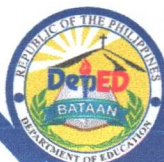
Republic of the Philippines  
**Department of Education**  
REGION III  
SCHOOLS DIVISION OFFICE OF BATAAN

**DIVISION MEMORANDUM**  
No. 265, s. 2024

**ENROLLMENT GUIDELINES FOR SCHOOL YEAR 2024-2025**

To: Assistant Schools Division Superintendent  
Chief Education Supervisors  
Public Schools District Supervisors  
All Public and Private School Heads  
All Others Concerned

1. Pursuant to the DepEd Memorandum No. 032, s. 2024 titled "Enrollment Guidelines for School Year 2024-2025", this Office informs all concerned that the conduct of **enrollment in all public schools and community learning centers (CLCs) will commence on July 3, 2024 to July 26, 2024.**
2. Private schools may adopt their own enrollment procedures consistent with their charters/school manuals and applicable DepEd policies. They shall report their official enrollment to the schools division office on or before **July 22, 2024.** The link for the reporting of private school enrollment will be released through the private school focal person.
3. Schools shall strictly adhere with the guidelines stipulated in DO 3, s. 2018 or the Basic Education Enrollment Policy, DO 19, s. 2008 or the Implementation of No Collection Policy in All Public Elementary and Secondary Schools, and DO 20, s. 2018 or the Amendment to DepEd Order No. 47, s. 2016 for the Kindergarten cut-off age.
4. The Basic Education Enrollment Form shall be required for all public elementary and secondary schools for incoming Kindergarten, Grades 1,7, and 11 enrollees and transferees while a Confirmation Slip shall be required for Grades 2-6, Grades 8-10 and Grader 12 enrollees to confirm their enrollment.
5. Enrollment in public elementary and secondary schools, including CLCs, shall be conducted through any of the following options:
  - a. In-person enrollment;
  - b. Remote enrollment [short messaging services (sms) or any messaging applications, or email using the school's official numbers/accounts or email addresses, among others]; and
  - c. Dropbox enrollment (located in schools, barangay halls near the school)



Kabukiran, Calaylayan, Abucay 2114 Bataan

[www.depedbataan.com](http://www.depedbataan.com) [bataan@deped.gov.ph](mailto:bataan@deped.gov.ph)

[www.facebook.com/DepedBataan](https://www.facebook.com/DepedBataan)

"We Mould Heroes"



CSC PRIME-HRM BRONZE AWARD



PHILIPPINE QUALITY AWARD



Republic of the Philippines  
**Department of Education**  
REGION III  
SCHOOLS DIVISION OFFICE OF BATAAN

6. Attached is the DepEd Memorandum No. 032, s. 2024 for more information and guidance.
7. Immediate dissemination of the Memorandum is desired.

  
**CAROLINA S. VIOLETA, EdD, CESO V**  
Schools Division Superintendent 

Reference: DO No. 032 s. 2024  
To be indicated in the Perpetual Index  
Under the following subjects:

ADMISSION	BASIC EDUCATION
CAMPAIGN	DATA
ENROLLMENT	KINDERGARTEN EDUCATION
LEARNERS	RULE AND REGULATIONS

SOP PARTS  
July 1, 2024



Kabukiran, Calaylayan, Abucay 2114 Bataan  
[www.depedbataan.com](http://www.depedbataan.com) [bataan@deped.gov.ph](mailto:bataan@deped.gov.ph)  
[www.facebook.com/DepedBataan](https://www.facebook.com/DepedBataan)

*"We Mould Heroes"*



CSC PRIME-HRM BRONZE AWARD

PHILIPPINE QUALITY STANDARD



Republic of the Philippines  
**Department of Education**

JUN 25 2024

DepEd MEMORANDUM  
No. **032**, s. 2024

**ENROLLMENT GUIDELINES FOR SCHOOL YEAR 2024–2025**

To: Undersecretaries  
Assistant Secretaries  
Minister, Basic, Higher and Technical Education, BARMM  
Bureau and Service Directors  
Regional Directors  
Schools Division Superintendents  
Public and Private Elementary and Secondary School Heads  
State/Local Universities and Colleges Heads  
Philippine Schools Overseas Heads  
All Others Concerned

1. This Memorandum is issued to inform and provide guidance to all public schools and community learning centers (CLCs) on the enrollment procedures and protocols for School Year (SY) 2024–2025.
2. Consistent with DepEd Order (DO) No. 003, s. 2024 titled Amendment to DepEd Order No. 022, s. 2023 (Implementing Guidelines on the School Calendar and Activities for the School Year 2023–2024), SY 2024–2025 shall start on July 29, 2024. Hence, the Department of Education (DepEd) announces the conduct of enrollment in all public schools from **July 3 to 26, 2024**.
3. Enrollment in public elementary and secondary schools, including CLCs, shall be conducted through any of the following options:
  - a. In-person Enrollment;
  - b. Remote Enrollment (short messaging services [SMS] or any messaging applications, or email using the school's official numbers/accounts or email addresses, among others); and
  - c. Dropbox Enrollment (located in schools, *barangay* halls near the school).
4. Private schools, state/local universities and colleges (SUCs/LUCs), and Philippine Schools Overseas (PSOs) offering basic education may adopt their own enrollment procedures consistent with their charters/school manuals and applicable DepEd policies. They shall report their official enrollment through their respective schools division offices **on or before July 22, 2024**. In the case of PSOs, their official enrollment shall be submitted to the Private Education Office (PEO).
5. The Basic Education Enrollment Form (Enclosure No. 1) shall be required for all public elementary and secondary schools for incoming Kindergarten, Grades 1, 7, and 11 enrollees, and transferees while a Confirmation Slip (Enclosure No. 2) shall be required for Grades 2–6, Grades 8–10, and Grade 12 enrollees to confirm their enrollment.

6. The Modified Alternative Learning System (ALS) Enrollment Form (Enclosure No. 3) shall be required for all ALS enrollees.
7. The documentary and eligibility requirements stipulated in DO 03, s. 2018 (Basic Education Enrollment Policy) shall remain in effect and shall be submitted **until October 31, 2024**. It is reiterated that in the absence of a Philippine Statistics Authority (PSA) Birth Certificate, the Birth Certificate (late registration) from the local civil registrar or a *Barangay* Certification containing the basic information of the child such as (a) name of the child (first name, middle name, last name); (b) name of parents; (c) date of birth; and (d) sex, may be submitted.
8. All public elementary and secondary schools shall strictly adhere to DO 19, s. 2008 (Implementation of No Collection Policy in All Public Elementary and Secondary Schools) regarding the authorized but voluntary fee collections. No payment collections shall be made as pre-requisite for the enrollment of learners particularly in the public schools.
9. Authorities of public and private schools are instructed to strictly enforced and implement the Kindergarten cut-off age as stipulated in DO 020, s. 2018 (Amendment to DepEd Order No. 47, s. 2016).
10. On the transmission of school records, only school's authorized personnel shall transmit the learners' records. Schools shall not compel learners and/or their parents/legal guardians to take responsibility in the transmission of learners' records.
11. Schools division superintendents and school heads shall facilitate the conduct of advocacy campaigns within their respective jurisdictions to inform the general public and encourage parents/legal guardians of prospective learners to enroll their school-aged children for SY 2024–2025.
12. For more information, please contact the **Planning Service-Education Management Information System Division**, 2nd Floor, Teodora Alonzo Building, Department of Education Central Office, DepEd Complex, Meralco Avenue, Pasig City through email at [ps.emisd@deped.gov.ph](mailto:ps.emisd@deped.gov.ph), and the **Office the Assistant Secretary for Operations-Field Operations** at [asec.ops@deped.gov.ph](mailto:asec.ops@deped.gov.ph).
13. Immediate dissemination of this Memorandum is desired.



By Authority of the Secretary:

  
**NOLASCO A. MEMPIN**  
Undersecretary

Encls.:

As stated

References:

DepEd Order (Nos. 003, s. 2024; 20 and 03, s. 2018; and 19 s. 2008)  
DepEd Memorandum No. 043, s. 2023

8

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

ADMISSION  
BASIC EDUCATION  
CAMPAIGN  
DATA  
ENROLLMENT  
KINDERGARTEN EDUCATION  
LEARNERS  
RULES AND REGULATIONS

JDMC/APA/MPC, DM Enrollment Guidelines for SY 2024-2025  
0142 - April 30/May 10, 2024

8



**BASIC EDUCATION ENROLLMENT FORM**

THIS FORM IS NOT FOR SALE

**Instructions:** Print legibly all information required in CAPITAL letters and check all appropriate boxes. Submit accomplished form to the Person-in-Charge/Registrar/Class Adviser. Use black or blue pen only.

1. School Year     -

Learner Reference No. (LRN)? If applicable:

2. Grade Level to Enroll:

Graded, specify Grade Level

Non-Graded (For Special Needs Education (SNEd) Only)

3. Learner's Personal Information

PSA Birth Certificate No. (If available upon registration) _____	
Last Name <input type="text"/>	Birthdate (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>
First Name <input type="text"/>	Age <input type="text"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Middle Name <input type="text"/>	Place of Birth (Municipality/City) <input type="text"/>
Extension Name e.g. Jr., III (If applicable) <input type="text"/>	Religion <input type="text"/>
Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____	Mother Tongue <input type="text"/>
Is your family a beneficiary of 4Ps? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please write the 4Ps Household ID Number <input type="text"/>	
Current Address	
House No. <input type="text"/>	Sitio/Street Name <input type="text"/> Barangay <input type="text"/>
Municipality/City <input type="text"/>	Province <input type="text"/> Country <input type="text"/> Zip Code <input type="text"/>
Permanent Address Same with your Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, proceed to item 4	
House No. <input type="text"/>	Sitio/Street Name <input type="text"/> Barangay <input type="text"/>
Municipality/City <input type="text"/>	Province <input type="text"/> Country <input type="text"/> Zip Code <input type="text"/>

4. Parent's/Guardian's Information

Father's Name			
Last Name <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Contact Number <input type="text"/>
Mother's Maiden Name			
Last Name <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Contact Number <input type="text"/>
Legal Guardian's Name			
Last Name <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Contact Number <input type="text"/>

8

5. Is the Learner under the Special Needs Education Program?  Yes  No

If Yes, check only 1, either from a1 or a2

**a1. With Diagnosis from Licensed Medical Specialist:**

<input type="checkbox"/> Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Special Health Problem/Chronic Disease
<input type="checkbox"/> Autism Spectrum Disorder	<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Cancer <input type="checkbox"/> Non-Cancer
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Multiple Disabilities	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Emotional-Behavior Disorder	<input type="checkbox"/> Orthopedic/Physical Handicap	<input type="checkbox"/> Blind <input type="checkbox"/> Low Vision
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Speech/Language Disorder	

**a2. With Manifestations**

<input type="checkbox"/> Difficulty in Applying Knowledge	<input type="checkbox"/> Difficulty in Mobility (Walking, Climbing and Grasping)
<input type="checkbox"/> Difficulty in Communicating	<input type="checkbox"/> Difficulty in Performing Adaptive Skills (Self-Care)
<input type="checkbox"/> Difficulty in Displaying Interpersonal Behavior (Emotional and Behavioral)	<input type="checkbox"/> Difficulty in Remembering, Concentrating, Paying Attention and Understanding
<input type="checkbox"/> Difficulty in Hearing	<input type="checkbox"/> Difficulty in Seeing

b. Does the Learner have a PWD ID?  Yes  No

**6. 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 <input type="text"/>

**7. For Learner in Senior High School**

Semester <input type="checkbox"/> 1st <input type="checkbox"/> 2nd
Track:
Strand:

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

Check all that applies:
<input type="checkbox"/> Blended (Combination) <input type="checkbox"/> Homeschooling <input type="checkbox"/> Modular (Print) <input type="checkbox"/> Radio-Based Television
<input type="checkbox"/> Educational Television <input type="checkbox"/> Modular (Digital) <input type="checkbox"/> Online


I hereby certify that the above information given are true and correct to 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

α


 Department of Education  
Region: \_\_\_\_\_  
Division: \_\_\_\_\_  
School ID: \_\_\_\_\_  
School Name: \_\_\_\_\_

**CONFIRMATION SLIP**

NAME: \_\_\_\_\_  
LRN: \_\_\_\_\_  
GRADE LEVEL: \_\_\_\_\_

CONFIRMATION OF ENROLLMENT IN THE  
SCHOOL:  YES  NO

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal  
Guardian


 Department of Education  
Region: \_\_\_\_\_  
Division: \_\_\_\_\_  
School ID: \_\_\_\_\_  
School Name: \_\_\_\_\_

**CONFIRMATION SLIP**

NAME: \_\_\_\_\_  
LRN: \_\_\_\_\_  
GRADE LEVEL: \_\_\_\_\_

CONFIRMATION OF ENROLLMENT IN THE  
SCHOOL:  YES  NO

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal  
Guardian


 Department of Education  
Region: \_\_\_\_\_  
Division: \_\_\_\_\_  
School ID: \_\_\_\_\_  
School Name: \_\_\_\_\_

**CONFIRMATION SLIP**

NAME: \_\_\_\_\_  
LRN: \_\_\_\_\_  
GRADE LEVEL: \_\_\_\_\_

CONFIRMATION OF ENROLLMENT IN THE  
SCHOOL:  YES  NO

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal  
Guardian

 Department of Education  
Region: \_\_\_\_\_  
Division: \_\_\_\_\_  
School ID: \_\_\_\_\_  
School Name: \_\_\_\_\_

**CONFIRMATION SLIP**

NAME: \_\_\_\_\_  
LRN: \_\_\_\_\_  
GRADE LEVEL: \_\_\_\_\_

CONFIRMATION OF ENROLLMENT IN THE  
SCHOOL:  YES  NO

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal  
Guardian





**MODIFIED ALS ENROLLMENT FORM**  
**(AF2) Learner's Basic Profile**  
THIS FORM IS NOT FOR SALE.



**Instructions:** Print legibly all information required in CAPITAL letters and check all appropriate boxes. Submit accomplished form to the Person-in-Charge/ALS Teacher/Community ALS Implementor/Learning Facilitator. Use black or blue pen only.

Date: (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Learner Reference No. (LRN)? If available:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**1. Learner's Personal Information**

Last Name		Birthdate (mm/dd/yyyy)																																																																																	
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																													
First Name		Age	Sex																																																																																
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						<table border="1"><tr><td></td><td></td></tr></table>			<input type="checkbox"/> Male <input type="checkbox"/> Female																																																										
Middle Name		Place of Birth (Municipality/City)																																																																																	
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																													
Extension Name e.g. Jr., III (If applicable)		Contact Number/s																																																																																	
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																													
Belonging to any Indigenous Peoples (IP) Community/Indigenous Cultural Community?																																																																																			
<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____																																																																																			
Is your family a beneficiary of 4Ps? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																			
If Yes, please write the 4Ps Household ID Number																																																																																			
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																																																			
Current Address																																																																																			
House No.	Sitio/Street Name		Barangay																																																																																
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
Municipality/City	Province	Country	Zip Code																																																																																
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Permanent Address Same with your Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, proceed to item 2																																																																																			
House No.	Sitio/Street Name		Barangay																																																																																
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																								
Municipality/City	Province	Country	Zip Code																																																																																
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

**2. Parent's/Guardian's Information**

Father's Name																																																																																			
Last Name	First Name	Middle Name	Occupation																																																																																
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Mother's Maiden Name																																																																																			
Last Name	First Name	Middle Name	Occupation																																																																																
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
Legal Guardian's Name																																																																																			
Last Name	First Name	Middle Name	Occupation																																																																																
<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				

8