**CAV FORM 5- SCHOOL TRANSMITTAL TO THE REGIONAL OFFICE**



Republic of the Philippines

Department of Education

**CARAGA REGION**

**DIVISION OF SIARGAO**

 **(DISTRICT)**

**(School)**

**(School Address)**

**(School ID)**

1ST Indorsement

(Date)

 Respectfully forwarded to the Regional Director, DepEd Regional Office -CARAGA Region, J. Rosales Avenue, Butuan City, the herein request of **(Name of Learner)** for Certification, Authentication and Verification (CAV) of his Academic School Records.

 For ready reference as perusal, attached are the following documents/records marked (/) below properly enclosed in a sealed envelope:

 (/) Certification of Completion/Graduation

 (/) Certification of English as Medium of Instruction

 For the preferential appropriate action of the Regional Director.

 School Principal

Attached: as stated

**CAV FORM 16- CERTIFICATION OF ENGLISH AS MEDUIM OF INSTRUCTION**



Republic of the Philippines

Department of Education

**CARAGA REGION**

**DIVISION OF SIARGAO**

 **(DISTRICT)**

**(School)**

**(School Address)**

**(School ID)**

**CERTIFICATION**

**TO WHOM IT MAY CONCERN:**

 This is to certify that **(Name of Learner)** has satisfactorily completed/ graduated from the Elementary Course as prescribed by the Department of Education, with the following particulars:

1. Name of School:
2. School Address:
3. Grade Level Completed: School Year Completed:
4. Graduated on: School Year Graduated:
5. Special Order: Date:

This is to further certify that English Language was used as the medium of instruction in all subject taught in the above-mentioned school, except for subjects that require the use of Filipino language only.

This certification is issued on May 8, 2024 upon the request of **(Name of Learner)** in connection with his application for Certification, Authentication and Verification.

 School Principal II

**CAV FORM 4- CERTIFICATION OF ENROLLMENT/ COMPLETION/ GRADUATION**



Republic of the Philippines

Department of Education

**CARAGA REGION**

**DIVISION OF SIARGAO**

 **(DISTRICT)**

**(School)**

**(School Address)**

**(School ID)**

 **CERTIFICATION OF ENROLLMENT / COMPLETION / GRADUATION**

**TO WHOM IT MAY CONCERN:**

 This is to certify that, based on available records in school, the following information pertaining to **(Name of Learner)**

 appears:

( ) enrolled in Grade N/A during the School Year N/A

( ) completed Grade N/A during the School Year N/A

(/) satisfactorily graduated from Elementary for the School Year \_\_\_\_\_\_\_ as prescribed by the Department of Education.

This certification is issued on (Date) upon the request of (Name of Learner) in connection with his application for Certification, Authentication and Verification.

 School Principal II

**CAV FORM 6- LIST OF APPROVED CAV REQUEST**



Republic of the Philippines

Department of Education

**CARAGA REGION**

**DIVISION OF SIARGAO**

 **(DISTRICT)**

**(School)**

**(School Address)**

**(School ID)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Control No** | **Name** | **Date of Application** | **Date of Transmittal** |
|  |  |  |  |

xxxxxxx nothing follows xxxxxxxxxx

Prepared by:

(School Record Custodian)

Submitted by:

 (School Principal)