



ST. MARK'S INSTITUTE, INCORPORATED

Casimiro Drive, Casimiro Village, Pamplona Tres Las Piñas City
Contact nos. 8872-2876/8872-8489

ST. MARK'S INSTITUTE, INC.

Blk 1 Lot 1 Topland Ave., Golden Gate Subdivision, Talon Tres, Las Piñas City, Philippines

ANNEXES AND FORMS PACKET

For the Operations Manual, Faculty Manual, and Student Handbook

Comprehensive, Simple, and DepEd-Aligned Forms

School Year: 2025-2026

This packet contains practical forms and logs for consistent implementation of school policies, including child protection, anti-bullying, discipline, academic remediation, safety, data privacy, HR, and administrative procedures. Each form is placed on a separate page for easy printing, filing, and distribution.

Reference basis includes DepEd Order No. 40, s. 2012 (Child Protection Policy), RA 10627 and its implementing rules on anti-bullying, RA 10173 (Data Privacy Act), and DepEd DRRM guidance for basic education. Forms should be reviewed by school leadership and counsel before official adoption.



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ANNEXES AND FORMS PACKET

INDEX. LIST OF ANNEXES AND FORMS

Annex	Form Title	Primary Manual Supported
A	General Incident Report Form	All Manuals
B	Bullying and Cyberbullying Report Form	Student / Faculty / Operations
C	Child Protection Intake and Referral Form	Student / Faculty / Operations
D	Student Discipline Referral Form	Student / Faculty
E	Student Disciplinary Action Record	Student / Faculty
F	Parent/Guardian Conference Record	All Manuals
G	Guidance Referral Form	Student / Faculty
H	Learner Remediation Plan	Faculty / Student
I	Learner Progress Monitoring Log	Faculty / Student
J	Attendance and Tardiness Monitoring Log	Student / Faculty
K	Student Admission Slip Log	Faculty / Student
L	Faculty Absence/Leave and Substitution Request	Faculty / Operations
M	Substitution Teaching Log	Faculty / Operations
N	Teaching Load and Work Assignment Monitoring Form	Faculty / Operations
O	Lesson Plan and Curriculum Submission Log	Faculty / Operations
P	Assessment/Examination Submission and Review Form	Faculty / Operations
Q	Grade Submission and Verification Checklist	Faculty / Operations
R	Parent Communication Log	All Manuals
S	Student Diary Monitoring Log	Faculty / Student
T	Clinic/Health Incident and Parent Notification Form	All Manuals
U	Emergency Evacuation Accountability Sheet	All Manuals
V	DRRM Drill Evaluation Form	Operations / Faculty / Student
W	ICT/Gadget Violation and Digital Conduct Report	Student / Faculty / Operations
X	Data Privacy Consent and Media Release Form	Operations / Student
Y	Student Records Request and Release Log	Operations
Z	School Property Damage/Loss Report	Operations / Student
AA	Requisition and Purchase Request Form	Operations
AB	Inventory and Asset Accountability Form	Operations
AC	Employee Grievance/Complaint Form	Operations / Faculty
AD	Investigation Meeting Notes and Findings Form	Operations / Faculty
AE	Corrective Action and Performance Improvement Plan	Operations / Faculty
AF	Faculty Professional Development/INSET Attendance Log	Faculty / Operations
AG	Policy Acknowledgment Form	All Manuals
AH	Manual Revision and Distribution Log	Operations



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ANNEXES AND FORMS PACKET

ANNEX A. GENERAL INCIDENT REPORT FORM

Purpose: To document any school incident that requires administrative attention.

Instructions: Complete within 24 hours of the incident, or immediately for urgent safety concerns.

Date of Incident	
Time	
Location	
Reported by / Position	
Person(s) Involved	
Grade/Section/Department	
Witnesses	
<input type="checkbox"/> Student injury	<input type="checkbox"/> Property damage
<input type="checkbox"/> Discipline concern	<input type="checkbox"/> Safety hazard
<input type="checkbox"/> Staff concern	<input type="checkbox"/> Other

Brief Description of Incident:

Immediate Action Taken:

Recommended Follow-Up:

Reported by	Received by School Head/Authorized Officer	Date/Time Received



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ANNEXES AND FORMS PACKET

ANNEX B. BULLYING AND CYBERBULLYING REPORT FORM

Purpose: To report alleged bullying, cyberbullying, retaliation, or related misconduct.

Instructions: Report as soon as possible, preferably within 48 hours. Attach screenshots, messages, photos, or witness statements when available.

Date Reported	
Name of Reporter	
Reporter Type	<input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Other
Alleged Victim	
Alleged Aggressor(s)	
Date/Time of Incident	
Location / Online Platform	
<input type="checkbox"/> Physical	<input type="checkbox"/> Verbal
<input type="checkbox"/> Social/relational	<input type="checkbox"/> Cyberbullying
<input type="checkbox"/> Retaliation	<input type="checkbox"/> Threat/intimidation

Description of Incident:

Evidence Attached / Available:

Immediate Safety Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, action taken: _____
Parent/Guardian Notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time: _____
Referred to CPC/Guidance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time: _____
Received by	Action Officer	Date



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ANNEXES AND FORMS PACKET

ANNEX C. CHILD PROTECTION INTAKE AND REFERRAL FORM

Purpose: To document child protection concerns involving alleged abuse, violence, exploitation, discrimination, neglect, or serious safety risk.

Instructions: Ensure the learner's immediate safety first. Report to the School Head/Child Protection Committee on the same day and complete documentation within 24 hours.

Learner Name	
Age / Grade / Section	
Date/Time Concern Reported	
Reported by	
Nature of Concern	<input type="checkbox"/> Abuse <input type="checkbox"/> Violence <input type="checkbox"/> Exploitation <input type="checkbox"/> Discrimination <input type="checkbox"/> Neglect <input type="checkbox"/> Other
Alleged Person(s) Involved	
Immediate Safety Risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Concern / Disclosure / Observation:

Immediate Protection Measures Taken:

Parent/Guardian Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Deferred for safety reason	
Referred to	<input type="checkbox"/> CPC <input type="checkbox"/> Guidance <input type="checkbox"/> School Head <input type="checkbox"/> External authority/agency	
Date/Time of Referral		
Intake Officer	School Head/CPC Chair	Date



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Casimiro Drive, Casimiro Village, Pamplona Tres Las Pinas City
Contact nos. 8872-2876/8872-8489

ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX D. STUDENT DISCIPLINE REFERRAL FORM

Purpose: To refer a learner for discipline review when classroom correction is insufficient or the matter is serious.

Instructions: For major offenses, submit to the office on the same day. Attach evidence or witness statements when available.

Student Name	
Grade/Section	
Date/Time	
Referring Teacher/Staff	
Location	
Parent Contact Number	
<input type="checkbox"/> Repeated tardiness	<input type="checkbox"/> Class disruption
<input type="checkbox"/> Disrespect	<input type="checkbox"/> Cheating
<input type="checkbox"/> Fighting	<input type="checkbox"/> Bullying
<input type="checkbox"/> ICT misuse	<input type="checkbox"/> Property damage
<input type="checkbox"/> Other	

Facts Observed by Referring Teacher/Staff:

Classroom Action Already Taken:

Urgency	<input type="checkbox"/> Routine <input type="checkbox"/> Same-day conference <input type="checkbox"/> Immediate safety concern	
Recommended Action	<input type="checkbox"/> Counseling <input type="checkbox"/> Parent conference <input type="checkbox"/> Disciplinary review <input type="checkbox"/> Other	
Referring Teacher/Staff	Discipline Officer/School Head	Date Received



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Casimiro Drive, Casimiro Village, Pamplona Tres Las Pinas City
 Contact nos. 8872-2876/8872-8489

ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX E. STUDENT DISCIPLINARY ACTION RECORD

Purpose: To record actions taken after a verified student policy violation.

Instructions: Use fair, progressive discipline unless the offense requires immediate stronger action. Keep confidential.

Student Name	
Grade/Section	
Incident Reference No.	
Date of Decision	
Violation/Offense	
Offense Level	<input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Serious/Safety-related
<input type="checkbox"/> Verbal warning	<input type="checkbox"/> Written warning
<input type="checkbox"/> Parent conference	<input type="checkbox"/> Behavior agreement
<input type="checkbox"/> Restorative action	<input type="checkbox"/> Community service within school
<input type="checkbox"/> Suspension 1 day	<input type="checkbox"/> Suspension 2-5 days
<input type="checkbox"/> Referral to CPC/Guidance	<input type="checkbox"/> Other

Reason for Action / Findings:

Conditions for Return / Improvement:

Review Date		
Parent/Guardian Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No Date/Time: _____	
Student	Parent/Guardian	School Authority



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ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX F. PARENT/GUARDIAN CONFERENCE RECORD

Purpose: To document meetings with parents/guardians regarding academics, conduct, attendance, health, or welfare.

Instructions: Complete during or immediately after the conference and file in the learner's record.

Student Name	
Grade/Section	
Date/Time of Conference	
Parent/Guardian Present	
School Personnel Present	
Reason for Conference	<input type="checkbox"/> Academic <input type="checkbox"/> Conduct <input type="checkbox"/> Attendance <input type="checkbox"/> Health <input type="checkbox"/> Child protection <input type="checkbox"/> Other

Discussion Summary:

Agreements / Action Steps:

Follow-Up Date		
Communication Method	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> Email/message <input type="checkbox"/> Diary	
Parent/Guardian	Teacher/Adviser	School Representative



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ANNEXES AND FORMS PACKET

ANNEX G. GUIDANCE REFERRAL FORM

Purpose: To refer a learner for guidance support, counseling, behavior support, or socio-emotional assistance.

Instructions: Use this form for non-emergency concerns. For immediate safety concerns, notify the School Head/CPC immediately.

Student Name	
Grade/Section	
Date Referred	
Referred by	
Reason for Referral	<input type="checkbox"/> Academic stress <input type="checkbox"/> Behavior <input type="checkbox"/> Attendance <input type="checkbox"/> Peer concern <input type="checkbox"/> Family concern <input type="checkbox"/> Other

Observed Concern / Reason for Referral:

Previous Interventions Tried:

Parent/Guardian Informed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet	
Urgency	<input type="checkbox"/> Routine <input type="checkbox"/> Within 3 school days <input type="checkbox"/> Same day	
Referred by	Received by Guidance/Designated Officer	Date



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Casimiro Drive, Casimiro Village, Pamplona Tres Las Pinas City
Contact nos. 8872-2876/8872-8489

ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX H. LEARNER REMEDIATION PLAN

Purpose: To support learners performing below expected standards or missing essential competencies.

Instructions: Prepare within two weeks of identifying the need for intervention. Review progress regularly.

Learner Name	
Grade/Section	
Subject Area	
Teacher	
Date Plan Prepared	
Competency/Skill Needing Support	

Baseline Concern / Assessment Result:

Intervention Strategy	<input type="checkbox"/> Remedial class <input type="checkbox"/> Practice work <input type="checkbox"/> Peer support <input type="checkbox"/> Parent support <input type="checkbox"/> Modified task <input type="checkbox"/> Other
Schedule / Frequency	
Start Date	
Target Review Date	

Expected Outcome:

Parent/Guardian Support Needed:

Teacher	Parent/Guardian	School Head/Coordinator



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ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX I. LEARNER PROGRESS MONITORING LOG

Purpose: To monitor the learner's progress after remediation, intervention, or behavior support.

Instructions: Update after each intervention or review session.

Date	Intervention/Activity	Progress Observed	Next Step	Teacher Initials
Learner Name				
Grade/Section				
Subject/Concern				
Review Period				
Teacher	Parent/Guardian (if needed)	Reviewer/Coordinator		



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ANNEXES AND FORMS PACKET

ANNEX J. ATTENDANCE AND TARDINESS MONITORING LOG

Purpose: To track absences and tardiness and trigger timely intervention.

Instructions: Use weekly or monthly. Parent conference is recommended for repeated tardiness or absences.

Student Name				
Grade/Section				
Month/Period Covered				
Class Adviser				
Date	Absent/Tardy	Reason/Excuse	Action Taken	Parent Notified
Class Adviser		Parent/Guardian (if conference held)		Date



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Contact nos. 8872-2876/8872-8489

ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX K. STUDENT ADMISSION SLIP LOG

Purpose: To record students admitted to class after absence, tardiness, or special circumstances.

Instructions: Students must present an admission slip before entering class after absence or tardiness.

Date				
Grade/Section				
Class Adviser				
Student Name	Reason	Time Issued	Authorized by	Teacher Acknowledgment



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Casimiro Drive, Casimiro Village, Pamplona Tres Las Pinas City
Contact nos. 8872-2876/8872-8489

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ANNEXES AND FORMS PACKET

ANNEX L. FACULTY ABSENCE/LEAVE AND SUBSTITUTION REQUEST

Purpose: To document teacher absences and arrange class coverage.

Instructions: Notify the office before the start of the workday whenever possible. Submit this form upon return or before planned leave.

Teacher Name	
Date(s) of Absence/Leave	
Type	<input type="checkbox"/> Sick <input type="checkbox"/> Emergency <input type="checkbox"/> Personal <input type="checkbox"/> Official school business <input type="checkbox"/> Other
Classes/Subjects Affected	
Lesson/Activity Left for Substitute	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recommended Substitute	

Reason / Notes:

Office Notification Time		
Substitution Approved by		
Leave Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Teacher	School Head/Authorized Officer	Date



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Contact nos. 8872-2876/8872-8489

ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX M. SUBSTITUTION TEACHING LOG

Purpose: To record substitution classes and ensure learner supervision.

Instructions: Complete after each substitution assignment.

Substitute Teacher	
Absent Teacher	
Date	
Subject/Grade/Section	
Class Time	
Lesson/Activity Conducted	

Class Notes / Issues Encountered:

Attendance Checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident Occurred?	<input type="checkbox"/> No <input type="checkbox"/> Yes, attach incident report	
Submitted to Office	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Substitute Teacher	Office/Coordinator	Date



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Casimiro Drive, Casimiro Village, Pamplona Tres Las Pinas City
Contact nos. 8872-2876/8872-8489

ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX N. TEACHING LOAD AND WORK ASSIGNMENT MONITORING FORM

Purpose: To monitor daily teaching contact time, subject preparations, advisory class, and non-teaching assignments.

Instructions: Use for schedule review, workload balancing, and overload documentation.

Teacher Name	
School Year / Term	
Department/Grade Level	
Advisory Class	
No. of Subject Preparations	
Total Daily Teaching Contact Time	
Overload?	<input type="checkbox"/> No <input type="checkbox"/> Yes, approved by School Head

Day	Subject/Grade/Section	Time	Contact Hours	Remarks
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Non-Teaching Duties / Committees / Advisorships:

Teacher	School Head/Coordinator	Date



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ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX O. LESSON PLAN AND CURRICULUM SUBMISSION LOG

Purpose: To track submission of lesson plans, curriculum maps, guides, and related instructional documents.

Instructions: Submit according to school schedule, preferably at the start of the week or as required.

Teacher Name				
Subject/Grade				
Week/Quarter Covered				
Document	Due Date	Date Submitted	Reviewed by	Remarks
Lesson Plan/DLL/DLP				
Curriculum Map				
Assessment Plan				
Learning Materials				
Remediation Plan				
Other				
Other				
Teacher		Reviewer		Date



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ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX P. ASSESSMENT/EXAMINATION SUBMISSION AND REVIEW FORM

Purpose: To document timely submission and review of quizzes, unit tests, and examinations.

Instructions: Major examination papers must be submitted at least six working days before the scheduled examination.

Teacher	
Subject/Grade/Section	
Exam/Assessment Type	<input type="checkbox"/> Quiz <input type="checkbox"/> Unit Test <input type="checkbox"/> Quarterly Exam <input type="checkbox"/> Periodical Exam <input type="checkbox"/> Other
Scheduled Exam Date	
Date Submitted	
Submitted 6 working days before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Aligned with competencies	<input type="checkbox"/> Clear directions
<input type="checkbox"/> Appropriate difficulty	<input type="checkbox"/> Answer key attached
<input type="checkbox"/> Rubric attached if needed	<input type="checkbox"/> Reviewed for errors

Reviewer Comments / Required Revisions:

Approved for Reproduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With revisions	
Date Returned to Teacher		
Teacher	Reviewer/Coordinator	School Head/Authorized Officer



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 Contact nos. 8872-2876/8872-8489

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ANNEXES AND FORMS PACKET

ANNEX Q. GRADE SUBMISSION AND VERIFICATION CHECKLIST

Purpose: To ensure grades are complete, accurate, timely, and confidential.

Instructions: Grades should be submitted within five working days after examinations or according to the official school deadline.

Teacher	
Subject/Grade/Section	
Quarter/Semester	
Submission Date	
Deadline	
<input type="checkbox"/> Class record complete	<input type="checkbox"/> Written works encoded
<input type="checkbox"/> Performance tasks encoded	<input type="checkbox"/> Quarterly assessment encoded
<input type="checkbox"/> Transmutation checked	<input type="checkbox"/> Learner absences accounted
<input type="checkbox"/> Remedial cases noted	<input type="checkbox"/> Grades reviewed before submission
<input type="checkbox"/> Confidentiality maintained	

Corrections / Remarks:

Teacher	Registrar/Coordinator	Date Verified



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 Contact nos. 8872-2876/8872-8489

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ANNEXES AND FORMS PACKET

ANNEX R. PARENT COMMUNICATION LOG

Purpose: To document official communication with parents/guardians.

Instructions: Use for academic, conduct, attendance, health, or school-related concerns.

Student Name				
Grade/Section				
Class Adviser/Teacher				
Period Covered				
Date	Parent/Guardian	Mode	Topic/Concern	Action/Next Step
Teacher/Adviser		Coordinator/School Head if needed		Date



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Casimiro Drive, Casimiro Village, Pamplona Tres Las Pinas City
Contact nos. 8872-2876/8872-8489

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ANNEXES AND FORMS PACKET

ANNEX S. STUDENT DIARY MONITORING LOG

Purpose: To monitor the daily use of the student diary for assignments, notices, conduct notes, and parent acknowledgment.

Instructions: Class advisers should check diaries regularly according to school policy.

Grade/Section				
Class Adviser				
Week Covered				
Student Name	Diary Checked	Parent Signature	Notes/Concern	Teacher Initials



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Casimiro Drive, Casimiro Village, Pamplona Tres Las Pinas City
Contact nos. 8872-2876/8872-8489

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ANNEXES AND FORMS PACKET

ANNEX T. CLINIC/HEALTH INCIDENT AND PARENT NOTIFICATION FORM

Purpose: To document learner illness, injury, first aid, clinic referral, and parent notification.

Instructions: For serious illness or injury, notify the School Head and parent/guardian immediately.

Student Name	
Grade/Section	
Date/Time	
Location	
Reported by	
Concern	<input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Medication concern <input type="checkbox"/> Other

Symptoms / Injury Description:

First Aid / Action Taken:

Parent/Guardian Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No Date/Time: _____	
Released to Parent/Guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred for Medical Care?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Attending Staff/Clinic Personnel	Parent/Guardian if released	School Representative



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Casimiro Drive, Casimiro Village, Pamplona Tres Las Pinas City
Contact nos. 8872-2876/8872-8489

ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX U. EMERGENCY EVACUATION ACCOUNTABILITY SHEET

Purpose: To account for students during fire, earthquake, lockdown, or other emergency evacuation.

Instructions: Class adviser/teacher-in-charge must complete at the assembly area and report missing/injured persons immediately.

Date/Time	
Emergency/Drill Type	<input type="checkbox"/> Fire <input type="checkbox"/> Earthquake <input type="checkbox"/> Lockdown <input type="checkbox"/> Other
Grade/Section	
Teacher-in-Charge	
Assembly Area	
Total Enrolled	
Present Before Evacuation	
Accounted For at Assembly Area	
Missing/Unaccounted	
Injured/Needs Assistance	

Names of Missing/Injured/Needs Assistance:

Action Taken:

Teacher-in-Charge	DRRM Coordinator/School Head	Date/Time Submitted



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ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX V. DRRM DRILL EVALUATION FORM

Purpose: To evaluate disaster preparedness drills and identify needed improvements.

Instructions: Complete after each drill. Schools are encouraged to conduct regular multi-hazard preparedness activities.

Date of Drill	
Type of Drill	<input type="checkbox"/> Fire <input type="checkbox"/> Earthquake <input type="checkbox"/> Lockdown <input type="checkbox"/> Other
Start Time / End Time	
Participants	<input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Parents/Visitors
Evaluator	
<input type="checkbox"/> Alarm heard clearly	<input type="checkbox"/> Evacuation orderly
<input type="checkbox"/> Routes clear	<input type="checkbox"/> Assembly area used properly
<input type="checkbox"/> Attendance/accounting completed	<input type="checkbox"/> First aid team ready
<input type="checkbox"/> Communication worked	<input type="checkbox"/> Issues noted

Strengths Observed:

Problems / Gaps Observed:

Corrective Actions and Responsible Person:

Evaluator	DRRM Coordinator	School Head



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ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX W. ICT/GADGET VIOLATION AND DIGITAL CONDUCT REPORT

Purpose: To document misuse of gadgets, school ICT resources, or online misconduct.

Instructions: For cyberbullying, also complete Annex B. Preserve evidence without further sharing it.

Student/Employee Name	
Grade/Section/Department	
Date/Time	
Device/Platform	
Reported by	
Type of Concern	<input type="checkbox"/> Unauthorized gadget use <input type="checkbox"/> Recording/photo without consent <input type="checkbox"/> Cyberbullying <input type="checkbox"/> Inappropriate content <input type="checkbox"/> Other

Description of Incident:

Evidence Preserved / Attached:

Device Confiscated?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Returned to: _____	Date/Time: _____
Parent/Guardian Notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
Referred to Discipline/CPC?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reporting Staff	Receiving Officer	Date	



ST. MARK'S INSTITUTE, INCORPORATED

Casimiro Drive, Casimiro Village, Pamplona Tres Las Pinas City
Contact nos. 8872-2876/8872-8489

ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX X. DATA PRIVACY CONSENT AND MEDIA RELEASE FORM

Purpose: To obtain parent/guardian consent for appropriate school use of learner information, photos, videos, and school-related communication.

Instructions: This form does not allow unrestricted public sharing. Use only for legitimate school purposes and authorized platforms.

Student Name	
Grade/Section	
Parent/Guardian Name	
Contact Number/Email	
<input type="checkbox"/> I consent to official school processing of my child's personal information for enrollment, records, learning, safety, and communication purposes.	
<input type="checkbox"/> I consent to use of my child's photo/video for official school documentation.	
<input type="checkbox"/> I consent to use of my child's photo/video for official school publications or social media.	
<input type="checkbox"/> I do not consent to public posting of my child's photo/video.	

Restrictions / Notes:

Parent/Guardian Signature	School Representative	Date



ST. MARK'S INSTITUTE, INCORPORATED

Casimiro Drive, Casimiro Village, Pamplona Tres Las Pinas City
Contact nos. 8872-2876/8872-8489

ST. MARK'S INSTITUTE, INC.

ANNEXES AND FORMS PACKET

ANNEX Y. STUDENT RECORDS REQUEST AND RELEASE LOG

Purpose: To track requests and release of student records such as Form 137, Form 138, certificates, and other documents.

Instructions: Release records only to authorized persons and after verification of identity and clearance requirements, if applicable.

Student Name		
Grade/Section / Last School Year Attended		
Requested by		
Relationship to Student		
Document Requested		
Purpose		
Valid ID Verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Requested		
Date Released		
Released by		
Received by		
Mode of Release	<input type="checkbox"/> Pick-up <input type="checkbox"/> Email <input type="checkbox"/> Courier <input type="checkbox"/> Other	
Requester/Receiver	Records Officer/Registrar	Date



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ANNEXES AND FORMS PACKET

ANNEX Z. SCHOOL PROPERTY DAMAGE/LOSS REPORT

Purpose: To document loss, damage, or misuse of school property and determine accountability.

Instructions: Submit within 24 hours of discovery, or immediately if safety or security is affected.

Date/Time Discovered	
Location	
Item/Property	
Reported by	
Person(s) Involved if known	
Estimated Cost if known	

Description of Damage/Loss:

Immediate Action Taken:

Accountability Recommended?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____	
Repair/Replacement Needed?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Photos Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reported by	Property Custodian/Admin	School Head/Authorized Officer



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ANNEXES AND FORMS PACKET

ANNEX AA. REQUISITION AND PURCHASE REQUEST FORM

Purpose: To request supplies, equipment, services, or repairs with proper approval and documentation.

Instructions: Do not purchase before approval unless authorized emergency procurement applies.

Requesting Person/Department				
Date Requested				
Purpose/Justification				
Needed by Date				
Item/Service	Quantity	Estimated Unit Cost	Total	Remarks
Budget Available?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> To verify		
Approved?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revise request		
Requested by	Reviewed by Finance/Admin		Approved by School Head	



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ANNEXES AND FORMS PACKET

ANNEX AB. INVENTORY AND ASSET ACCOUNTABILITY FORM

Purpose: To assign, monitor, and return school assets issued to personnel, classrooms, or offices.

Instructions: Use upon issuance, transfer, periodic inventory, and return of property.

Accountable Person					
Position/Department/Classroom					
Date Issued/Checked					
Asset/Item	Asset No.	Qty	Condition	Location	Remarks
Return Date if applicable					
Returned Condition <input type="checkbox"/> Good <input type="checkbox"/> Damaged <input type="checkbox"/> Missing <input type="checkbox"/> Not applicable					
Accountable Person		Property Custodian/Admin		Date	



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ANNEXES AND FORMS PACKET

ANNEX AC. EMPLOYEE GRIEVANCE/COMPLAINT FORM

Purpose: To document employee grievances or workplace complaints for proper review and resolution.

Instructions: Submit to immediate supervisor or School Head. Investigation should generally begin within five working days, subject to urgency and complexity.

Employee Name	
Position/Department	
Date Submitted	
Concern Against / Related Person(s)	
Type of Concern	<input type="checkbox"/> Work condition <input type="checkbox"/> Harassment <input type="checkbox"/> Workload <input type="checkbox"/> Policy issue <input type="checkbox"/> Conflict <input type="checkbox"/> Other

Statement of Complaint / Grievance:

Requested Resolution:

Supporting Documents Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred Contact Method		
Complainant	Received by	Date/Time Received



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ANNEXES AND FORMS PACKET

ANNEX AD. INVESTIGATION MEETING NOTES AND FINDINGS FORM

Purpose: To document meetings, interviews, findings, and recommendations for complaints, discipline, bullying, child protection, or administrative matters.

Instructions: Use objective facts. Keep confidential and file only with authorized records.

Case/Incident Reference No.	
Date/Time of Meeting	
Participants	
Facilitator/Investigator	
Purpose	

Summary of Statements / Evidence Reviewed:

Findings / Facts Established:

Recommended Action / Referral:

Next Step Deadline		
Parent/Guardian/Employee Notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable	
Investigator/Facilitator	School Head/Authorized Officer	Date



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ANNEXES AND FORMS PACKET

ANNEX AE. CORRECTIVE ACTION AND PERFORMANCE IMPROVEMENT PLAN

Purpose: To document employee corrective action or performance improvement expectations.

Instructions: Use when coaching or warning is insufficient, or when performance needs formal improvement. Typical review period: 30-60 days unless otherwise stated.

Employee Name	
Position/Department	
Date Issued	
Concern/Policy Violation/Performance Gap	
Action Level	<input type="checkbox"/> Coaching <input type="checkbox"/> Written warning <input type="checkbox"/> PIP <input type="checkbox"/> Final warning

Expected Improvement / Required Standard:

Support / Training / Resources to be Provided:

Review Period	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> Other: _____	
First Review Date		
Final Review Date		
Consequence if Not Improved		
Employee	Supervisor/School Head	Date



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ANNEXES AND FORMS PACKET

ANNEX AF. FACULTY PROFESSIONAL DEVELOPMENT/INSET ATTENDANCE LOG

Purpose: To record attendance and participation in INSET, CPD, seminars, trainings, and school-based professional development.

Instructions: File attendance and certificates as part of faculty development records.

Training/Activity Title			
Date/Time			
Venue/Platform			
Facilitator/Provider			
Required?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Faculty Name	Position/Subject	Signature	Certificate/Output Submitted
Training Coordinator	School Head/Authorized Officer	Date	



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ANNEX AG. POLICY ACKNOWLEDGMENT FORM

Purpose: To confirm receipt, reading, and understanding of the applicable school manual/handbook.

Instructions: Use separately for employees, parents/guardians, and students when manuals are issued or revised.

Name	
Role	<input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other
Grade/Section/Department if applicable	
Manual/Handbook Received	<input type="checkbox"/> Operations Manual <input type="checkbox"/> Faculty Manual <input type="checkbox"/> Student Handbook <input type="checkbox"/> Other
Date Received	

Acknowledgment Statement: I acknowledge that I have received or been given access to the indicated manual/handbook. I understand that I am responsible for reading, understanding, and complying with applicable policies. I also understand that the school may revise policies when necessary and that official updates shall form part of the manual/handbook.

Signature	Witness/School Representative	Date



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ANNEXES AND FORMS PACKET

ANNEX AH. MANUAL REVISION AND DISTRIBUTION LOG

Purpose: To document manual updates, approvals, and distribution to concerned stakeholders.

Instructions: Use for annual review and whenever policies are revised.

Manual Title				
Version / School Year				
Date of Revision				
Prepared by				
Approved by				
Section Revised	Nature of Change	Reason/Reference	Effective Date	Distributed to
Prepared by		Approved by		Date