Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE OF CITY OF VALENZUELA

Office of the Schools Division Superintendent

DIVISION MEMORANDUM
No. 0529 s. 2026

SUBMISSION OF SCHOOL-BASED FEEDING PROGRAM (SBFP) FORM 1A (MASTERLIST) AND FORM 2 (SUMMARY OF BENEFICIARIES) FOR SY 2026-2027

To: OIC – Assistant Schools Division Superintendent
Chief Education Supervisor -SGOD
Public Schools District Supervisors and Education Program Supervisors
Public Elementary School Heads
All Others Concerned

1. In line with the implementation of the School-Based Feeding Program (SBFP) for School Year 2026–2027, this Office directs all public elementary schools to submit duly signed hard copy of the accomplished SBFP Forms 1A and 2 to the SGOD – Health and Nutrition Unit. Likewise, schools shall upload the soft copy of the accomplished forms through this link: https://tinyurl.com/2tujdczy .

2. To facilitate the timely consolidation and validation of reports, both the hard and soft copies shall be submitted on or before July 8, 2026 (Wednesday).

3. Attached to this Memorandum are copies of SBFP Forms 1A and 2. The editable updated templates may likewise be accessed and downloaded through this link: https://tinyurl.com/2tujdczy .

4. Immediate and wide dissemination of this Memorandum is desired.

NOEL D. BAGANO
Schools Division Superintendent

Encl.: As stated
References: None
To be indicated in the Perpetual Index
under the following subjects:

COMMUNICATIONS **HEALTH** **REPORTS**

JED/SBFP/DM- SUBMISSION OF SCHOOL-BASED FEEDING PROGRAM (SBFP) FORM 1A (MASTERLIST) AND FORM 2 (SUMMARY OF BENEFICIARIES) FOR SY 2026-2027
_____/June 29, 2026

Address: **Pio Valenzuela St., Marulas, Valenzuela City**
Telephone Nos.: **(02) 8293-4507, 8277-4648, 8291-0873, 8277-3439**
Email Address: **sdovalenzuela@deped.gov.ph**
Official Website: **https://www.depedvalenzuela.com**

SBFP Form 1A (2026)

Department of Education

Master List Beneficiaries for School-Based Feeding Program (SBFP) (SY _____) - BASELINE

Division:

City/ Municipality/Barangay :

Name of School / School District :

School ID Number:

Name of Principal :

Name of Feeding Focal Person :

No.	Name	Sex	Grade/ Section	Date of Birth (MM/DD/YYYY)	Date of Weighing / Measuring (MM/DD/YYYY)	Age in Years / Months	Weight (Kg)	Height (cm)	BMI for 6 y.o. and above	Nutritional Status (NS)		Classification of Beneficiary (Primary or Secondary)*	Pregnant? (Yes or No)	With 0-1 year-old child/ren (Yes or No)	Dewormed? (yes or no)	Parent's consent for milk? (yes or no)	Participation in 4Ps (yes or no)	Beneficiary of SBFP in Previous Years (yes or no)
										BMI-A	HFA							
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		

Prepared by:

_____
Feeding Coordinator

Approved by:

_____
School Principal

SBFP Form 2 (2026)

Department of Education

SCHOOL-BASED FEEDING PROGRAM (SBFP) SUMMARY OF BENEFICIARIES & START OF FEEDING (SY: _____)

Schools Division Office: _____
City/ Municipality/Barangay : _____
Name of School / School District : _____
School ID Number: _____
Date of Start of Feeding: _____
Last Mile School: Y N

Number of School Children by Grade Level	Sex	No. of Primary Targets											No. of Secondary Targets							
		Nutritional Status at Start/End of Feeding*																		
		WEIGHT					HEIGHT					No. of Adolescent Pregnant Learners/Adolescent Mothers with 0-1 year-old child/ren	No. of Pupils-at-risk-of-dropping-out (PARDOs)	No. of Stunted/ Severely Stunted	No. of Indigent Learners	No. of Indigenous Peoples (IPs)	No. of Learners Dewormed	No. of 4 Ps Beneficiaries	No. of Pupils who are beneficiaries in previous years (Repeaters)	Date Feeding Started/Ended
		Severely Wasted	Wasted	Normal	Overweight + Obese	TOTAL	Severely Stunted	Stunted	Normal	Tall	TOTAL									
1. Kinder	M																			
	F																			
	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
2. Grade I	M																			
	F																			
	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
3. Grade II	M																			
	F																			
	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
4. Grade III	M																			
	F																			
	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
5. Grade IV	M																			
	F																			
	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
6. Grade V	M																			
	F																			
	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
7. Grade VI	M																			
	F																			
	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
8. SNED	M																			
	F																			
	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Grand Total	**M**	**0**	**0**	**0**	**0**		**0**	**0**	**0**	**0**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
	F	**0**	**0**	**0**	**0**		**0**	**0**	**0**	**0**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	
	Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	

Prepared by:

_____
Feeding Coordinator

Approved by:

_____
School Head

Note: This form shall be prepared by the school before the start of feeding and after feeding, to be compiled by the SDO, and for final compilation by the RO, for submission to DepEd BLSS-SHD