



Republic of the Philippines
Department of Education
Region IX, Zamboanga Peninsula
SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE
Dipolog City 7100



MEMORANDUM

To : **PSDSs**
Principals
All concerned

From : **Office of the Schools Division Superintendent**


Subject : **Youth Leadership Training cum Review of Programs and Policies on Drug Education Program of DepEd**

Date : October 12, 2017

1. In connection with the regional letter received dated August 2, 2017, re President's fight against illegal drugs (*Exec. Order No. 15 signed March 16, 2017*), the Department of Education Region IX will conduct the above-captioned activity at Top Plaza Hotel on October 18-20, 2017.
2. The activity aims to **review** and assess the existing programs, activities and policies on Drug Education Program of DepED and those that are implemented in schools by other agencies; **craft** strategic plans and programs that will support and strengthen the war on drugs and **identify** best practices of schools, districts, and SDOs on Drug Education and Prevention Program.
3. The participants of the said activity are the **Student Supreme Government Presidents, Teacher-advisers, BSP and GSP advisers** of the following schools and districts, to wit:

SSG Presidents and Adviser	District BSP Advisers	District GSP Advisers
1. La Libertad NHS	1. Sergio Osmeña II	1. Piñan
2. Mutia NHS	2. La Libertad	2. Polanco I
3. Piñan NHS	3. Katipunan II	3. Roxas I
4. Polanco NHS	4. Manukan I	4. Ponot
5. Rizal NHS	5. Sindangan North	5. Sindangan Central
6. Sergio Osmeña NHS	6. Siayan	6. Sindangan South
7. Sibutad NHS	7. Godod	7. Labason
8. Katipunan NHS	8. Liloy I	8. Kalawit
9. Langatian NHS	9. Siocon	9. Baliguian
10. Manukan NHS	10. Sibuco	10. Sirawai
11. Ponot NHS		
12. Sindangan NHS		
13. Sindangan NAS		
14. Siayan NHS		
15. Bacungan NHS		
16. Salug NHS		
17. Godod NHS		
18. Liloy NHS		
19. Tampilisan NHS		
20. Kalawit NHS		
21. Kipit Agro-Fishery High School		
22. Ubay NHS		
23. Gutalac NHS		
24. Baliguian NHS		
25. Siocon NHS		
26. Julian Soriano CMHS		
27. Sirawai NHS		
28. Sibuco NHS		

4. All concerned are requested also to email the name of participants not later than **October 13, 2017** to **jhoepantoja@yahoo.com**. Likewise, student participants will submit photocopy of duly accomplished parental consent to the PDO. It is expected that the student participants will be given remedial time for the lessons missed on that number of days.
5. Check in time is at 12 noon on October 18, 2017 and first meal is dinner on the same date. Check out is on October 20, 2017 after breakfast.
6. Food and accommodation will be provided and charged to Regional Local Funds. Travelling expenses to and from the venue shall be charged to Division/School local funds subject to the usual accounting and auditing rules and regulations.
7. For guidance and compliance.


PEDRO MELCHOR M. NATIVIDAD, CSEE
Schools Division Superintendent

To the Division Youth Formation Division,

The undersigned hereby give permission to _____
(name of child)

a Grade _____ student of _____ to participate in
(level) (name of school)



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PARENTAL CONSENT AND WAIVER FORM

STUDENT'S PERSONAL INFORMATION:

Name: _____ Age: _____ Birthday: _____
Grade Level: _____ School: _____ Organization Representing: _____
Address: _____ Contact No.: _____ E-mail address: _____
Contact person in case of emergency: _____ Relationship: _____
Contact Number: _____

To the Division Youth Formation Division,

The undersigned hereby give permission to _____
(name of child)
a Grade _____ student of _____ to participate in
(level) (name of school)

**YOUTH LEADERSHIP TRAINING CUM REVIEW OF PROGRAMS AND POLICIES ON
DRUG EDUCATION PROGRAM OF DEPED**

from **October 18-20, 2017** at **Top Plaza Hotel**
(inclusive dates) (venue)

I hereby authorize an adult in the person of the assigned SSG/SPG adviser to assist and accompany my child in participating in the said activity.

I have considered that my son/daughter will derive from his/her participation in this activity provided that the due care and precaution will be observed to ensure comfort and safety of my son/daughter and that DepEd employees and personnel may not held responsible for any untoward incident that may happen beyond their control.

Signature over Printed Name (Parent/Guardian)

Signature over Printed Name (Student Participant)

Date Signed

Verified by:

Signature over Printed Name (School Head)