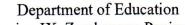
### Republic of the Philippines



## Region IX, Zamboanga Peninsula CHOOLS 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	Dist	trict BSP Advisers		strict 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.	Sindangan South
7.	Sibutad NHS	6.	Siayan		_
8.	Katipunan NHS	7.	Godod	7.	Labason
9.	Langatian NHS	8.	Liloy I	8.	Kalawit
10.	Manukan NHS	9.	Siocon	9.	Baliguian
11.	Ponot NHS	10.	Sibuco	10.	Sirawai
12.	9				
13.			(3		
14.	9				
15.	Bacungan NHS				
16.	9				
17.	Godod NHS				
	Liloy NHS				
	Tampilisan NHS				
20.	Kalawit NHS	ia.			
21.	Kipit Agro-Fishery High School				
22.	Ubay NHS				
23.	Gutalac NHS				
24.	Baliguian NHS				
25.	Siocon NHS				
26.	Julan Soriano CMHS				
27.	Sirawai NHS				
28.	Sibuco NHS				

Tel. Nos.: (065) 212-5843

- 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	

Website: http://www.depedzn.net Fax (065) 908-0087 Tel. Nos.: (065) 212-5843

To the Divisi	on Youth Formation Div	rision,	
The undersign	ned hereby give permission	n to	
		(name	of child)
a Grade	student of		to participate in
(level)		(name of school)	-



# Republic of the Philippines Department of Education Region IX, Zamboanga Peninsula

## SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE



Dipolog City 7100

### PARENTAL CONSENT AND WAIVER FORM

STUDENT'S PERSONAL INFORM	<b>1ATION:</b>		
Name:	Age		Birthday:
Grade Level: School:		Orgai	nization Representing:
Address:	ddress:E-mail address:		
Contact person in case of emergency:			Relationship:
Contact Number:			
To the Division Youth Formation Divi	ision,		
The undersigned hereby give permission	ı to		
			(name of child)
a Grade student of	(name	of school	to participate in
	JCATION PR 20, 2017	OGRAM	PROGRAMS AND POLICIES ON OF DEPED  Top Plaza Hotel (venue)
I hereby authorize an adult in the person of participating in the said activity.	of the assigned S	SG/SPG a	dviser to assist and accompany my child in
I have considered that my son/daughter will of and precaution will be observed to ensure of personnel may not held responsible for any u	comfort and safe	ty of my s	ation in this activity provided that the due care con/daughter and that DepEd employees and happen beyond their control.
Signature over Printed Name (Parent/Gua	ardian) Si	gnature ov	ver Printed Name (Student Participant
	Date Sig	ied	
Verified by:			
Signature over Printed Name (School Hea	d)		

Website: http://www.depedzn.net

Tel. Nos.: (065) 212-5843 & (065) 908-0087 fax