



Republic of the Philippines
Department of Education
REGION XI
SCHOOLS DIVISION OF DAVAO DEL NORTE

Office of the Schools Division Superintendent

DIVISION MEMORANDUM

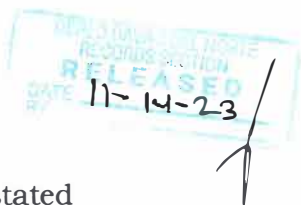
SGOD-2023-402

To: Assistant Schools Division Superintendent
Chief Education Supervisor, School Governance and Operations Division
Chief Education Supervisor, Curriculum Instruction Division
Public Schools District Supervisors
School Heads, Elementary, Integrated and Secondary Schools

Subject: **CORRIGENDUM TO THE 2023 NATIONAL STUDENTS' DAY CELEBRATION**

Date: November 14, 2023

1. Herewith is Regional Memorandum ESSD -2023- 465 dated November 8, 2023, which informs the abovementioned activity will be conducted on **November 16-17, 2023**, at the **Hotel de Crisbelle, Digos City**.
2. The division shall have the booth to showcase the best practices which will be installed and prepared a day before the activity.
3. Moreover, as per compliance with DepEd Order No. 9, s. 2005 on the "No Disruption of Classes Policy", school heads shall ensure that the classes are taken care of in accordance with the "No Disruption of Classes Policy" of the concerned Advisers during their attendance in the activity. please see **Annex A** for the list of the participants and **Annex B** for the parents' consent.
4. Travelling, Meals, Lodging and other incidental expenses of the participants shall be charged against the Division, School MOOE funds, PTA Funds, Canteen Funds, Local School Board (LSB- SEF) and other existing funds and subject to the usual accounting and auditing rules and regulations.
5. In accordance with Division Memo. No. 818, s. 2021. Everyone is encouraged to continuously support and value Equal Opportunities Principle (EOP) within the Department.
6. For information, immediate dissemination, and compliance.



REYNALDO B. MELLORIDA, CESO V
School Division Superintendent

Enclosed: As stated
SGOD/EAA





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Annex A

Participants for 2023 National Students Day Celebration

Hotel de Crisbelle, Digos City, Davao del Sur

November 16-17, 2023

No.	Name	Gender	School/District	Position
SDO Davao del Norte				
1	Sophia Loreigne Bartolome	Female	Sto. Tomas NHS	Learner
2	Eric A. Salumbides Jr.	Male	Sto. Tomas NHS	Learner



Annex B

(Enclosure No. to DepEd Memorandum No. _____ s. 2023)

PARENTAL CONSENT AND WAIVER FORM (English Version)

I, _____, as the parent or legal guardian of _____, hereby acknowledge that I have been informed of the details of the conduct of the face-to-face **Learners' Convergence PH 2023** with the theme, "**Pilipinong Mag-aaral: Huwaran ng Kagitingan, may MATATAG na Paninindigan**" that will be held on **November 16-17, 2023** at **Hotel de Crisbelle, Digos City**.

I understand that the Office of the Assistant Secretary for Operations through the Bureau of Learner Support Services-Youth Formation Division (BLSS-YFD) of the Department of Education shall implement the minimum public health standards set by the government to minimize the risk of the spread of COVID-19, but it cannot guarantee that my child will not become infected with COVID-19 given that it is highly contagious.

I understand that my child's in-person attendance in the event will include associating with teachers, fellow learners and school personnel, and other persons inside and outside of the school that may put my child at risk of COVID-19 transmission, notwithstanding the precautions undertaken by the implementing team.

Voluntary Participation

I acknowledge that my child's participation in this activity is completely voluntary. My child may decline to participate or withdraw from participation at any time for any reason. Declining or withdrawal of participation will not result in any penalty or loss of benefits or reduction of any basic right to which my child is entitled. While there remains the risk of possible COVID-19 transmission to my child/ren, and to the members of my household, I freely assume the said risk and I permit my child/ren to attend this activity.

Exclusion (Limitations/Ineligibility)

I am aware that symptoms of COVID-19 include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, the new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea.

I confirm that my child currently has none of those symptoms and is in good health. I will not allow my child to physically go to the event if my child or any member of my household develops any of the said symptoms or any other symptoms of illness that may or may not be related to COVID-19. I will also inform the school/division and not allow my child to attend the event if my child or any of my household members tests positive for COVID-19. My child/ren and I, with my household members, will follow the required health and safety protocols and procedures adopted by the school and community.

Documentation

I confirm that I give full permission in any recording or picture taken of my child during the conduct of this event and to use some or all of my child's images/ contribution/ performance in any publication (including electronic publications such as film or website) created by or for the BLSS-YFD and to release this material to DepEd official platforms.

Confidentiality

I am aware that any information that will be given during the activity will be kept strictly confidential, and personal information will be treated in accordance with the Data Privacy Act of 2012. I am assured that the information about my child will not be shared outside of the implementation team. My child's name will not be used when data from this activity is analyzed.

With full understanding, I – on behalf of myself, my household members, and my child/ren – hereby freely and voluntarily give my consent to my child’s participation in the activity from November 16-17, 2023. I also attest that I had sought the views of my child, and he/she has expressed a willingness to participate in the activity.

CONTACT DETAILS FOR QUESTIONS OR PROBLEMS

For any concerns or clarification, you may contact the Office of the Assistant Secretary for Operations through the Bureau of Learner Support Services-Youth Formation Division through the email address learnconph@deped.gov.ph (cc: blss.yfd@deped.gov.ph) or through telephone number +632 8 637 9814.

_____ Signature of Parent/Guardian over Printed Name	_____ Contact Details (Mobile Number)
_____ Name of Children	_____ Date

** Please submit this form to your child’s school prior to participation in the event.*