



Republic of the Philippines
Department of Education
Cordillera Administrative Region
DIVISION OF BAGUIO CITY
#82 Military Cut-Off Baguio City



DIVISION MEMORANDUM
No. 144, s. 2017

Corrigendum to Division Memorandum No 127, s. 2017
(Supreme Student Government and Supreme Pupil Government
Leadership Training for SY 2017-2018)

To: All Public Schools District Supervisor
Public Elementary and Secondary School Heads
Student Government Program Advisers
Others Concerned

1. Relative to the Supreme Student Government and Supreme Pupil Government Leadership Training for SY 2017-2018 (Division Memorandum No 127, s. 2017), please be informed of the following changes of schedules:

Participant	Date		Venue
	From	To	
Supreme Student Government (SSG)	June 22-24, 2017 (8:00-5:00 PM)	June 22-24, 2017 (8:00-5:00 PM)	Division Office Conference Hall
Supreme Pupil Government (SPG)	June 27-29, 2017 (8:00-5:00 PM)	July 6-8, 2017 (8:00-5:00 PM)	Division Office Conference Hall

2. Supreme Student Government and Supreme Pupil Government advisers are requested to facilitate the submission of Parent's Consent (Enclosure No. 1 of this Memorandum) by the participating students. No waiver, no attendance.
3. Immediate and wide dissemination of this Memorandum to all concerned is desired.


FEDERICO P. MARTIN, EdD, CESO VI
Schools Division Superintendent

PARENTAL CONSENT AND WAIVER FORM

STUDENTS PERSONAL INFORMATION

Name: _____	Age: _____
Grade Level: _____	School: _____ Organization Representing: _____
Address: _____	Contact Number: _____ E-mail: _____
Contact Person in case of emergency: _____	Relationship: _____
Contact Number: _____	

To the Youth Formation Coordinator,

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

A Grade _____ student of _____ to participate in the
(level) *(name of school)*

DIVISION LEADERSHIP TRAINING FOR SY 2017-2018

from _____ at Division Office Conference Hall, Baguio City.
(date of training)

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

I have considered the benefits 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 the comfort and safety of my son/daughter and that DepEd employees and personnel may not be held responsible for any untoward incident that may happen beyond their control.

Signature over Printed Name (Parent Guardian)

Signature over Printed Name (Student)

Date Signed

Verified by:
