



Region I SCHOOLS DIVISION OFFICE

Dagupan City Telefax No. (075) 515-6009

Division Memo No. 30, s. 2017

To

Assistant Schools Division Superintendent

Chiefs, CID and SGOD

Education Program Supervisors Public Schools District Supervisor

School Heads/Principals, Public and Private Elementary and Secondary Schools

From :

hugny LORNAG. BUGAYONG, CESO VI

Schools Division Superintendent

Date

July 24, 2017

Subject:

Solidarity Meeting

- 1. There will be a solidarity meeting on July 27, 2017 (Thursday) at 1:30 PM at DepEd Division 2. The agenda will include the following:
- - a. DCAA Basketball and Volleyball Tournament
 - b. Official Entry Forms (see attached copy)
 - c. Others
- 3. The participants of the said meeting are the DCAA Officers, Officiating Officials & Coaches (Basketball and Volleyball) and PESS Coordinators from Public and Private Elementary and
- 4. The Dagupan City Sports Commissioners (DCSC) are invited to join the said meeting.
- 5. The cooperation and compliance of all concerned is highly requested.



2017 DAGUPAN CITY ATHLETIC ASSOCIATION MEET OFFICIAL ENTRY FORM

Full Name	Full Name	Full Name
Home Address	Home Address	Home Address
Place of Birth	Place of Birth	Place of Birth
Age	Age	Age
Year & Setion	Year & Setion	Year & Setion
Father's Name	Father's Name	Father's Name
Mother's Name	Mother's Name	Mother's Name
Adviser	Adviser	Adviser
Full Name	Full Name	Full Name
Full Name Home Address	Full Name Home Address	Full Name Home Address
Home Address	Home Address	Home Address
Home Address Place of Birth	Home Address Place of Birth	Home Address Place of Birth
Place of Birth Age	Home Address Place of Birth Age	Home Address Place of Birth Age Year & Setion Father's Name
Place of Birth Age Year & Setion	Home Address Place of Birth Age Year & Setion	Place of Birth Age Year & Setion
Place of Birth Age Year & Setion Father's Name Mother's Name	Home Address Place of Birth Age Year & Setion Father's Name Mother's Name	Home Address Place of Birth Age Year & Setion Father's Name Mother's Name
Place of Birth Age Year & Setion Father's Name Mother's Name	Home Address Place of Birth Age Year & Setion Father's Name	Place of Birth Age Year & Setion Father's Name
Place of Birth Age Year & Setion Father's Name Mother's Name	Home Address Place of Birth Age Year & Setion Father's Name Mother's Name	Home Address Place of Birth Age Year & Setion Father's Name Mother's Name
Place of Birth Age Year & Setion Father's Name Mother's Name	Home Address Place of Birth Age Year & Setion Father's Name Mother's Name	Home Address Place of Birth Age Year & Setion Father's Name Mother's Name

AR-I (ATHLETE RECORD) Region Latest 11/2 x 11/2 picture DAGUPAN CITY Division A. PERSONAL DATA: (First) (M.l.)Date of Birth: (mrvodyy) Age: Place of Birth: School: Learner Reference Number (LRN) Address of School: Student Number Home Address: Parents: Mother/Guardian Address of Parents: B. Athlete's Participation in Local/International Competition Remarks Athletic Meet Inclusive Dates Sports Event District/Unit Meet/Intramuarals Division/Provincial Meet Regional Meet Palarong Pambansa Others (Use separate sheet if necessary) Athlete's Signature C. Athlete's Participation This is to certify that based on our knowledge the above-mentioned athlete has participated in the lower meets. Signature Division PESS Supervisor/s Name of Coach Athletic meet DR. JAIME C. SIAPNO District/Unit Meet DR. JAIME C. SIAPNO Division/Provincial Meet DR. JAIME C. SIAPNO Regional Meet Palarong Pambansa (Use separate sheet if necessary) Screened by:

Regional Meet:

Date:

(Signature over Printed Name)

Division Meet:

Date:

(Signature over Printed Name)



DEPARTMENT OF EDUCATION

(Region)

DAGUPAN CITY
(Division)



(School)
(School Address)

Date

PARENTAL CONSENT

Division, Regional Meet and Palarong Pambansa. I have considered the benefits that my son or daughter will derive from h participation in this activity provided that due care and precaution will be observensure the comfort and safety of my son/daughter and that DepED employees personnel may not be held responsible for any untoward incident that may have beyond their control. Signature of Father Name of Mother Signature of Guardian over Printed name	I have considered participation in this act ensure the comfort and personnel may not be	benefits that my son or daughter will derive from his/h provided that due care and precaution will be observed ty of my son/daughter and that DepED employees a
participation in this activity provided that due care and precaution will be observed ensure the comfort and safety of my son/daughter and that DepED employees personnel may not be held responsible for any untoward incident that may be beyond their control. Signature of Father Signature of Mother Name of Mother	participation in this act ensure the comfort and personnel may not be	provided that due care and precaution will be observed ty of my son/daughter and that DepED employees a
Name of Father Name of Mother		
	Signature of Father	Signature of Mother
Signature of Guardian over Printed name	Name of Father	Name of Mother
Signature of Guardian over Printed name		
		nature of Guardian over Printed name
(Relationship with the Athlete)		(Relationship with the Athlete)
Verified by :	Verified by :	

DEPARTMENT OF EDUCATION



(Region)

Dagupan City
(Division)



(School)	
(School Address)	

MEDICAL CERTIFICATE

			(Date)
To Wh	om It May	Concern:	
	This is to ce	rtify that I have persona	ally examined
			Name
age	sex	born on	and have found that he/she is
physica	ally fit, durin	g the time of examination	on, to join and compete in the lower meets and
Palaron	ng Pambansa		
F1			
Event:			
Physica	al Examinat	ion	
	camined:	***	DI I I
Height		Weight:	Blood Pressure Respiratory Rate
	Resting Remarks:		Respiratory Rate
			THERESA P. PARAYNO, M.D.
			Physician/Medical Officer III
			(Signature over printed name)
			License No. <u>73306</u> PTR.:
			Date:



Republic of the Philippines DEPARTMENT OF EDUCATION

Region DAGUPAN CITY

DENTAL HEALTH RECORD

				Latest 1½ x 1½ picture
Name:				
Age:	Sex	Birth Date	Date	
Coach:				
CONDITION AN	ND TREATMENT NEEDS		GINGIVITIS	
CONDITION	50 51 61 60 60 61 61		PERIODONTAL	
C-STC-STC ZIC	52 51 61 62 63 64 65	LEFT	DISEASE MALOCCLUSION	
TEMPORARY TEETH	 		SUPERNUMERAR	
			Y TOOTH	
18 17 16 15 14 13	12 11 21 22 23 24 25	26 27 28	RETAINED	
		PERMANENT TEETH	DECIDOUS	
	42 41 31 32 33 34 35	126 27 29	DECUBITAL ULCER	
40 47 40 43 44 43	42 41 31 32 33 34 33	CONDITION	CLEFT PALATE	
			ROOT FRAGMENT	
TEMPORARY TEETH COCOLO	0.0.000	TREATMENT NEEDS	FLUOROSIS	
RIGHT 85 84 83	82 81 71 72 73 74 75	LEFT	OTHERS (Specify)	
CONDITION				
STORT OF THE STORY				DATE OF VISIT
YEAR LEVEL		REMARKS	TEMPORARY TEETH	
DATE			INDEX D.F.T.	
EXAMINATION			NO. T /DECAYED	
SEALANT (GI)			NO. T/ FILLED	
PERMANENT FILLING			TOTAL D.F.T.	
ART				
EXTRACTION			TEMPORARY TEETH	
ORAL PROPHYLAXIS			INDEX D.F.T.	
REFERRAL			NO. T /DECAYED	
OTHER ORAL TREATMENT			NO. T/MISSING	
			NO. T/ FILLED	
			TOTAL D.F.T.	
			TOTAL SOUND TEETH	
	BOLS FOR MOUTH EXAM			OR ACCOMPLISHMENT
X - TOOTH INDICATED	DU - DE	CUBITAL ULCER		ACTED PERMANENT TOOTH
FOR EXTRACTION	MAL - MA	LOCLUSSION		ACTED TEMPORARY TOOTH
F - TOOTH INDICATED	FLU - FLU	UOROSIS	Am - AMALO	
FOR FILLING	Gn - NO		Com - COMP	OSITE FILLING
HEAVY - TOOTH WITH TEMPORA SHADE FILLING	ART GIII - IVIC	2 QUADRANTS)	ARTIFIC	CIAL RESTORATION
RC - RECURRENT CARIES		VERE GINGIVITIS		T CROWN
RF - ROOT FRAGMENT		4 QUADRANTS)	I - INLAY	
M - MISSING TOOTH		MPLETE MOUTH REHAB		PROPHYLAXIS
		UND ERUPTED PERMANENT	ZOE - ZINC C	OXIDE UEGENOL FILLING
	TO	OOTH	TF - TEMP	DRARY FILLING
			R - REFER	RRED TO PRIVATE DENTIST
			UN - UNER	UPTED TOOTH
Division Meet		Remarks/Findings:		
DENTIST				
(signature over printed name)	Data Farmeton	d.		
PRC. LICENSE.	Date Examined			
Regional Meet		Remarks/Findings:		
DENTIOT		-		
DENTIST				
(signature over printed name) PRC: LICENSE:	Date Examined	d:		
Palarong Pambansa	Date Engilline	Remarks/Findings:		
alarving i ambanda		A CONTROL MUNINGS		

Date Examined:

DENTIST (signature over printed name)
PRC: LICENSE:



DEPARTMENT OF EDUCATION

(Region)
DAGUPAN CITY
(Division)



(School Address)



CERTIFICATE OF ENROLMENT

	D	ate:
To Whom It May Concern:		
This is to certify thatenrolled for the School Year	·	has been
	Dulu sin al/C	le e l He e d/D e eletere
		chool Head/Registrar re over printed name)