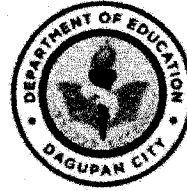


Republic of the Philippines
DEPARTMENT OF EDUCATION
 Region I
SCHOOLS DIVISION OFFICE
DAGUPAN CITY



DIVISION MEMORANDUM NO. 004, s. 2020

RELEASE
DEPED
 DATE: 1-7-2020
 BY: SPD 9:10
M 0074

To : Chief Education Supervisors, CID and SGOD
 Education Program Supervisors, ESP and SHS
 Public Schools District Supervisors
 Public Secondary School Heads/Assistant School Heads/OIC
 Guidance Designates/Career Guidance Coordinators

From : *Maria Celia Junio Bernandez*
MARIA CELIA JUNIO BERNANDEZ EdD, MDM-SEC
 Schools Division Superintendent

Subject : **PEER COUNSELING AND FACILITATION TRAINING FOR HS LEARNERS PHASE I**

Date : January 06, 2020

Please be informed that the conduct of the two-day, live-in Peer Counseling and Facilitation Training for HS Learners Phase I, which is originally scheduled on December 16-17, 2019, is hereby moved to **January, 11-12 2019, Saturday and Sunday** at the **Lay Formation Center, Bonuan Gueset, Dagupan City.**

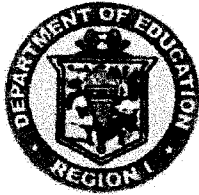
Student Participants shall secure a signed Parents' Consent Form (see Enclosure 1) to be forwarded to the Youth Formation-SGOD on or before January 9, 2020.

Teacher participants, trainers, and management staff who will be involved in the training shall be entitled to service credits in accordance with DepEd Order no. 53, s. 2013 for teaching personnel, and Compensatory Time-Off (CTO) for non-teaching personnel as per CSC & DBM Joint Circular no. 2, s. 2004.

For immediate dissemination, information and compliance of all concerned.

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DAGUPAN CITY



(Enclosure 1)

_____ School

_____ School Address

_____ Date

PARENTAL CONSENT

I/We hereby willingly and voluntarily give consent to the participation of my/our son/daughter _____ in the **Peer Counseling and Facilitation Training for HS Learners Phase I** at the **Lay Formation Center, Bonuan Gueset, Dagupan City** on **January 11-12, 2020**.

I/We have considered the benefits that my son/daughter will derive from his/her participation in this activity provided that due care and precaution will be observed to ensure the comfort and safety 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 of Father over Printed Name

 Signature of Mother over Printed Name

 Signature of Guardian over Printed Name

Verified by:

 Teacher- Adviser/School Head