



Republic of the Philippines  
**Department of Education**  
 REGION X – NORTHERN MINDANAO  
 SCHOOLS DIVISION OF EL SALVADOR CITY

**Office of the Schools Division Superintendent**

**30 September 2024**

DIVISION MEMORANDUM

No. 378, s. 2024

**TRAINING OF TRAINERS IN ROBOTICS**

To: Education Program Supervisors  
 Secondary School Heads  
 Teachers  
 All Others Concerned

1. The Division of El Salvador City thru the Curriculum Implementation Division (CID) in collaboration with the University of Science and Technology of the Southern Philippines (USTP) Department of Electro-Mechanical Technology of the College of Technology will conduct Training of Trainers in Robotics on October 4 and 5, 2024 at USTP, Lapasan, Cagayan de Oro City.

2. The identified participants are as follows:

Teacher	School
1. Sherwin D. Oranio; 2. Liza May A. Duran-Nob 3. Alan R. Martinez	Cogon NHS
4. Dexby P. de Guzman; 5. Leslie Amor L. Dadole	El Salvador City NHS
6. Lynnel C. Boter;	Himaya NHS
7. Grace M. Bermudez	Hinigdaan NHS
8. Giovanni Mangayan 9. Nemelie Ral	Molugan NHS
10. Marie Jade A. Cacayan	Division Office

Learners	School
1. Rheil Evans T. Lunio; 2. Kimberly A. Alineo; 3. Jhairus James M. Abang; 4. Kinsley Vanne Josol; 5. Tianshi Yongco; 6. Marchen Joy Paye; 7. Rheya Jaine L. Daug; 8. Jeff Denver Y. Ruita; 9. Rheen B. Menirva; 10. Marlon A. Labares Jr.	Cogon NHS

*Handwritten signature/initials*





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Learners	School
1. Nathaniel Paclibar 2. Aurish Joy Vecino 3. Nick Charlo Ytang 4. Daniel Joe Jabutay	Molugan NHS

- Learner-participants are advised to prepare parents permit. Hence, participation to this activity is voluntary. Parents and or guardians of the learners shall accomplish and submit Parents/ Guardians Consent. Form to concerned teachers to indicate that they are allowing their child/children to join the off-campus activity (Section VI.D.3)/ Herewith is Annex C for reference.
- This Memorandum shall serve as **Travel Authority**.
- The participants' food shall be charged to USTP while travel, and other incidental expenses shall be charged against school MOOE/ local funds subject to the usual accounting and auditing rules and regulations.
- The participants shall be entitled to service credits in accordance DepEd Order No. 13 s. 2024 Revised Guidelines on the Grant of Service Credits to Teachers. However, non-teaching personnel shall be given *Compensatory Time-Off (CTO)* per Civil Service Commission (CSC) and Department of Budget and Management (DBM) Joint Circular No. 2 s. 2004 on *Non – Monetary Remuneration for Overtime Service Rendered*, specific attention on Section 5.
- Further participation shall be subject to the *no-disruption-of-classes policy stipulated in DepEd Order No. 09, s. 2005 entitled Instituting Measures to Increase Engaged Time-On-Task and Ensuring Compliance Therewith, Section 3 of Republic Act No. 5546 (Policy on Contributions), and DepEd Order No. 66, 2. 2017 (Policy on Off – Campus Activities)*.
- This Office shall adhere to Equal Opportunity Principle (EOP) in the steps undertaken for this purpose. Hence, all decisions and actions shall be based on guidelines set forth, with no discrimination on the account of age, gender, identity, sexual orientation, civil status, disability, religion, ethnicity or political affiliation.
- Immediate and wide dissemination of this memorandum is desired.

  
**RANDOLPH B. TORTOLA**  
Schools Division Superintendent

Attch: As Stated  
To be indicated in the Perpetual Index  
under Science, USTP partnership  
Robotics

CID/ mjac



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Transforming Schools,  
Forging Partners



**ANNEX C: PARENT'S/GUARDIAN'S CONSENT FORM**

**Name of Learner:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Parent's/Guardian's Name:** \_\_\_\_\_  
**Relationship to Learner:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**Contact Number/s:** \_\_\_\_\_  
**Title of the Activity:** \_\_\_\_\_  
**Venue:** \_\_\_\_\_ **Date of Activity:** \_\_\_\_\_

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As the parent/guardian of the abovementioned learner, I hereby acknowledge that I have been informed of the details of the off-campus activity and voluntarily and freely elect to participate in this off-campus activity. Furthermore, I understand the risks associated with an off-campus activity and agree that the rules and regulations established for the said activity are for the safety and security of the participants, and thus agree to instruct my child or children to obey them.

Having understood all the aforementioned, I hereby consent to allow my child or children to participate, acknowledging all of the foregoing. I am also solely responsible for providing travel insurance and any expenses for my child or children's participation in the activity.

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Parent/Guardian's Name and Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notes** (other information you may wish to inform the teacher, such as child's medical condition, etc.):