

Republic of the Philippines

**Department of Education**  
SCHOOLS DIVISION OF MARINDUQUE

**Office of the Schools Division Superintendent**

**MEMORANDUM**  
SGOD-2025-061

TO: Asst. Schools Division Superintendent  
Chief Education Supervisors  
Public Schools District Supervisors  
Public Elementary and Secondary School Heads  
All Others Concerned

FROM: **LYNN G. MENDOZA, EdD**  
OIC, Schools Division Superintendent

SUBJECT: **REGIONAL LEADERSHIP, AND MENTAL HEALTH TRAINING PROGRAM FOR YOUNG LEADERS OF DEPED MIMAROPA cum SELG AND SSLG FEDERATION ELECTIONS FOR SY 2025-2026**

DATE: June 11, 2025

1. Attached is a copy of Regional Memorandum No. 77, s. 2025 from Nicolas T. Capulong, PhD, CESO III, Director IV dated June 5, 2025 titled "Regional Leadership, and Mental Health Training Program for Young Leaders of DepEd MIMAROPA cum SELG and SSLG Federation Elections for SY 2025-2026," for information and guidance all concerned.

2. Participants to this activity are the Division Federation Supreme Elementary Learner Government (SELG) and Supreme Secondary Learner Government (SSLG) President, Vice President, and Secretary together with Learner Formation Coordinators, namely:

No.	NAME	Position	School	District
1	Ellergy Katniss D. Yao	Division Federation of SELG President	Gasán CS	Gasán
2	Sophia Ysabelle R. Rey	Division Federation of SELG Vice resident	Makapuyat ES	Sta. Cruz East
3	Goodnews Mayores	Division Federation of SELG Secretary	Puyog ES	Boac North
4	Angelyn R. Ceribo	Division Federation of SELG President	Landy NHS	Sta. Cruz North
5	Jhune Arcy M. Manao	Division Federation of SELG Vice President	Ilaya NHS	Boac North
6	Micah Angelie P. Rey	Division Federation of SELG Secretary	Matalaba NHS	Sta. Cruz South



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7	Josefina P. Brual	LF Coordinator	SDO	N/A
8	Glaiza T. Palatino	LF Coordinator	SDO	N/A

3. All participants are expected to pre-register at <https://tinyurl.com/r1mhtp-fed25-26> on or before June 13, 2025. Participants are expected to arrive at the venue on June 24, 2025, with check-in starting at 2:00PM. The first meal to be served will be PM snacks.

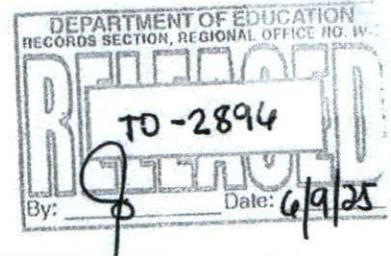
4. The signed Parental Consent and Waiver Form, and the Learner Participant Consent, Waiver, Indemnity and Release Form must be submitted by the DYFCs upon registration at the venue.

5. School heads and teachers of learners concerned are advised to provide support to the latter by giving them activities that will ensure achievement of target competencies especially during the first two weeks of classes.

6. Immediate dissemination of and strict compliance with the contents of this Memorandum are desired.



Republic of the Philippines  
**Department of Education**  
MIMAROPA REGION



Office of the Regional Director

June 5, 2025

**REGIONAL MEMORANDUM**  
NO. 77, s. 2025

**REGIONAL LEADERSHIP, AND MENTAL HEALTH TRAINING PROGRAM FOR  
YOUNG LEADERS OF DEPED MIMAROPA cum SELG AND SSLG FEDERATION  
ELECTIONS FOR SY 2025-2026**

TO: **SCHOOLS DIVISION SUPERINTENDENTS  
ALL OTHERS CONCERNED**

1. The Department of Education MIMAROPA Region, through the Education Support Services Division (ESSD), shall conduct the Regional Leadership and Mental Health Training Program for Young Leaders of DepEd MIMAROPA, in conjunction with the Supreme Elementary Learner Government (SELG) and Supreme Secondary Learner Government (SSLG) Federation Elections for SY 2025–2026. This activity will be held on June 24–27, 2025 in Tagaytay City. The exact venue will be announced once finalized.
2. The main objective of the training program is to develop competent, resilient, and mentally healthy student leaders in the MIMAROPA Region through a comprehensive program that enhances leadership skills, promotes mental wellness, and facilitates the democratic election of SELG and SSLG Federation officers for SY 2025–2026.
3. Participants in this activity are the Division SELG and SSLG Presidents, Vice Presidents, and Secretaries, along with the Division Youth Formation Coordinators (DYFCs) from the seven divisions across the region. The DYFCs shall serve as chaperones of the learner-leader participants and shall also act as facilitators during the activity.
4. All participants are expected to fill out the pre-registration form through <https://tinyurl.com/r1mhtp-fed25-26> on or before June 13, 2025. Participants are expected to arrive at the venue on June 24, 2025, with check-in starting at 2:00 PM. The first meal to be served will be PM snacks.
5. Travel and other related expenses incurred shall be charged against the downloaded Program Support Fund, Local Funds, School/Division Maintenance and Other Operating Expenses (MOOE), Local School Board-School Education Funds (LSB\_SEF), and other available fund source/s subject to usual accounting and auditing rules and regulations.

ESSD-SPP/LMD



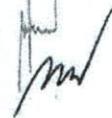
Address: Meralco Avenue corner St. Paul Road, Pasig City  
Telephone Nos.: (02) 8631-4070 | (02) 8637-2895 | (02) 8637-1799  
Email Address: mimaropa.region@deped.gov.ph  
Website: depedmimaroparegion.ph



Certificate No. PNP QMS  
21 93 0182

6. The signed Parental Consent and Waiver Form, and the Learner Participant Consent, Waiver, Indemnity and Release Form must be submitted by the DYFCs upon registration at the venue.
7. A coordination meeting with all DYFCs will be held on June 13, 2025, at 10:00 AM via Google Meet. The meeting link will be provided prior to the scheduled meeting.
8. All updates regarding the training program shall be communicated directly to the DYFCs.
9. Attached are the Parental Consent and Waiver Form and the Learner Participant Consent, Waiver, Indemnity and Release Form to be duly accomplished.
10. For any clarifications or further inquiries, you may contact Esmeraldo G. Lalo, EdD, Chief, Education Supervisor, Education Support Services Division or Liza Marie M. Dillena, Project Development Officer IV at [mimaropa.region@deped.gov.ph](mailto:mimaropa.region@deped.gov.ph), or at [essd.mimaroparegion@dep.gov.ph](mailto:essd.mimaroparegion@dep.gov.ph).
11. Strict compliance with this Memorandum is expected.

  
**NICOLAS T. CAPULONG, PhD, CESO III**  
Director IV  
Regional Director



Republic of the Philippines  
DEPARTMENT OF EDUCATION  
MIMAROPA REGION

**PARENTAL CONSENT AND WAIVER FORM**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, hereby acknowledge receipt of information pertaining to the **REGIONAL LEADERSHIP, AND MENTAL HEALTH TRAINING PROGRAM FOR YOUNG LEADERS OF DEPED MIMAROPA cum SELG AND SSLG FEDERATION ELECTIONS FOR SY 2025-2026**. I do hereby declare and affirm the following:

**Consent for Participation**

I grant my full and unequivocal consent for my child/ward \_\_\_\_\_, to participate in the **REGIONAL LEADERSHIP, AND MENTAL HEALTH TRAINING PROGRAM FOR YOUNG LEADERS OF DEPED MIMAROPA cum SELG AND SSLG FEDERATION ELECTIONS FOR SY 2025-2026**, organized by the Education Support Services Division (ESSD) of DepEd MIMAROPA Region, scheduled on **June 24-27, 2025** in **Tagaytay City**.

**Acknowledgement of Information**

I acknowledge that I have been adequately informed regarding the details and conduct of the training program.

**Understanding of Risks**

I understand that my child/ward's in-person attendance to the activity will involve interactions with fellow learners, division and regional personnel, and other individuals both within and outside the school environment. I recognize that such interactions may expose my child/Ward to the risk of transmission of communicable diseases, despite the precautions taken by the organizing team.

**Voluntary Participation**

I acknowledge that my child/ward's participation in this activity is completely voluntary. My child/ward may decline to participate or withdraw from participation at any time for any reason. I fully assume any and all the risks associated with potential exposure to communicable diseases affecting my child/ward and other members of my household.

**Health Declaration**

To the best of my knowledge, my child/ward is in good physical health and does not exhibit any symptoms of a communicable disease.

**Responsibility to Report Illness**

I agree not to permit my child/ward to participate in the **REGIONAL LEADERSHIP, AND MENTAL HEALTH TRAINING PROGRAM FOR YOUNG LEADERS OF DEPED MIMAROPA cum SELG AND SSLG FEDERATION ELECTIONS FOR SY 2025-2026**, if he/she or any members of my household exhibits symptoms of illness or test positive for any communicable disease. I Will promptly inform the school/division of any such conditions.

**Permission for Media Recording**

I grant full permission for any photographs, videos, or recording taken of my child/ward during this regional training program to be utilized for documentation purposes, including but not limited to publications created by of for ESSD. I consent to the dissemination of such materials on official DepEd platform, in accordance with the provisions of Republic Act No. 10173 (Data Privacy Act of 2012).

**Data Collection and Processing Agreement**

I consent the collection and processing of personal information and data pertaining to myself and my child/ward as necessary for the successful execution of the regional training program in compliance with Republic Act 10173 (Data Privacy Act of 2012).

**Commitment to Participation**

I acknowledge and understand the expectations, guidelines, and responsibilities imposed on my child/ward as a participant. I pledge to support his/her endeavors to adhere to these commitments alongside fellow participants and the Department of Education.

**Waiver of Liability**

To the fullest extent permissible by law, I hereby waive, release and discharge any and all claims, causes of action, damages, and rights against the Department of Education arising from or related to my child/ward's participation in this activity.

By signing this, I acknowledge and represent that I have read this document, took time to understand it, and eventually signed it voluntarily as my own free act and deed.

**IN WITNESS WHEREOF**, I have executed this Parental Consent and Waiver Form on this \_\_\_\_\_ day of June, 2025.

\_\_\_\_\_  
**Printed Name with Signature of Parent/Guardian**

**CONTACT DETAILS FOR QUESTIONS OR PROBLEMS**

For any concerns or clarification, you may contact the DepEd, MIMAROPA Region, Education Support Services Divisions through email address at [essd.mimaroparegion@deped.gov.ph](mailto:essd.mimaroparegion@deped.gov.ph).

<b>Name of Child/ren</b>	
<b>Contact Details of Parent/Guardian</b>	
<b>Address</b>	

Republic of the Philippines  
**DEPARTMENT OF EDUCATION**  
**MIMAROPA REGION**

**LEARNER-PARTICIPANT CONSENT, WAIVER, INDEMNITY AND RELEASE**

*(To be accomplished by the Learner)*

1. I, \_\_\_\_\_, hereby affirm my intention to participate in the **REGIONAL LEADERSHIP, AND MENTAL HEALTH TRAINING PROGRAM FOR YOUNG LEADERS OF DEPED MIMAROPA cum SELG AND SSLG FEDERATION ELECTIONS FOR SY 2025-2026**, with the consent of my parents and/or legal guardian organized by the Education Support Services Division, Department of Education, MIMAROPA Region on **June 24-27, 2025** in Tagaytay City.
2. I grant permission to the Department of Education, MIMAROPA Region and its authorized representatives to record my voice and capture photographs and/or videos in which I may appear. These materials may be utilized for the agency's communication and public campaigns across print, broadcast, and electronic media, at the event and location specified above, subject to applicable laws, rules and regulations.
3. I consent to the collection and processing of my personal information and data deemed necessary for the successful execution of the Regional Basic Leadership and Safety Training Program for the Young Leaders of DepEd MIMAROPA activity, in compliance with the provision of Republic Act No. 10173, also known as the Data Privacy Act of 2012.
4. I confirm that I have read and fully understood the accompanying Memorandum, and I acknowledge my awareness of the purpose of the activity and my role in it.
5. With full comprehension of the above statements, I hereby voluntarily and willingly give my consent to participate in the activity.

**IN WITNESS WHEREOF**, I have executed this Learner-Participant Consent, Waiver, Indemnity, and Release form on this \_\_\_\_\_ day of June, 2025.

\_\_\_\_\_  
**Printed Name with Signature of Learner**

**LEARNER INFORMATION SECTION**

For any concerns or clarification, you may contact the ESSD through email address, [essd.mimaroparegio@deped.gov.ph](mailto:essd.mimaroparegio@deped.gov.ph).

Contact Number of Learner	
Name of School	
Age	