



## Department of Education REGION V - BICOL

ISION OFFICE OF CATANDUANES

August 31, 2023

DIVISION MEMORANDUM No. 312, s. 2023

### LIVE-IN TRAINING COURSE FOR LANGKAY AND KAWAN LEADERS

TO:

Chief Education Supervisors Public Schools District Supervisors Elementary & Secondary School heads Teaching & Non-Teaching Personnel

All Others Concerned

- 1. This is relative to the council memorandum no.7 s. 2023 regarding the conduct a Live-in Training Course for Langkay and Kawan Leaders on September 22-24, 2023 at Virac Pilot Elementary School.
- Public school district supervisors are encouraged to submit not less than 4 participants from their district assignment langkay (kindergarten teacher) and kawan leaders (grade 1,2,3 teachers), to participate in the live-in training course.
- 3. A registration of two thousand pesos only (Php2,000.00) will be charged to each participant to defray expenses for meals and snacks for 3 days, handouts, certificates, and other administrative costs which is chargeable to school MOOE, subject to existing accounting and auditing rules and regulation.
- 4. A pre-registration form (see enclosed) shall be submitted to the Public Schools District Supervisor on or before September 10, 2023. Meanwhile, the Office of the PSDS shall forward the accomplished and signed District Confirmation by PSDS to SDO-SGOD on or before September 15, 2023, not later than 5 p.m.
- 5. For questions or concerns, please contact Ms. Rosario B. Vegim, PDO I, Boy Scout of the Philippines Coordinator, SDO - SGOD at cellphone number 09318833925.
- 6. For immediate dissemination and guidance.

SOCORRO V. DÈLA ROSA, CESO V

Schools Division Superintendent Z

# LIVE - IN BASIC TRAINING COURSE FOR LANGKAY AND KAWAN LEADERS Virac Pilot Elementary School, San Roque, Virac atanduanes September 22 -24, 2023

## DISTRICT PRE-REGISTRATION FORM

| -                 | Ö.  |                   | - | 5 | ώ | 4. | ċ |
|-------------------|---|-------------------|---|---|---|----|---|
| Name of District: | Name of Lankay/Kawan Leader<br>(Fist Name, Middle Initia), Last Name) |                   |   |   |   |    |   |
|                   | Gender  |                   |   |   |   |    |   |
|                   | Birthdate<br>(mm/dd/yy)   |                   |   |   |   |    |   |
|                   | Age   |                   |   |   |   |    |   |
| NAME OF PSDS:     | Grade Level<br>Assignment<br>(Kinder,<br>Grade<br>1,2,3)              |                   |   |   |   |    |   |
|                   | Complete Name of<br>School  |                   |   |   |   |    |   |
|                   | Email Address<br>and Contact<br>Number                                |                   |   |   |   |    |   |
|                   | Food<br>Restriction   |                   |   |   |   |    |   |
|                   | Religion  |                   |   |   |   |    |   |
|                   | In Case of Emergency  | Name              |   |   |   |    |   |
|                   |   | Relationship      |   |   |   |    |   |
|                   |   | Confact<br>Number |   |   |   |    |   |

Endorsed by:

Public Schools District Supervisor

Note: Please use separate sheet if necessary