Republic of the Philippines
Department of Education
CARAGA REGION
SCHOOLS DIVISION OF SIARGAO

DEPARTMENT OF EDUCATION
RELEASED
NOV 18 2026
DATE
DIVISION OF SIARGAO

DIVISION MEMORANDUM
No. 11-353 s. 2026

To: Assistant Schools Division Superintendent
CID Chief and SGOD Chief
Public Schools District Supervisors
Public Elementary and Secondary School Heads
All others concerned

PARTICIPATION IN THE CONDUCT OF THE CLUSTERED REGIONAL LEARNERS CONVERGENCE PH 2026

1. In compliance to Memorandum DM-OUGOPS-2026-01-04471 dated September 29, 2026, entitled "Request for Participants for the Clustered Regional Learners' Convergence Philippines 2026," this Office, through the School Governance and Operations Division – Learner Formation Unit, hereby announces the official list of participants for the Clustered Regional Learners' Convergence PH 2026 for Cluster 4, which will be held on December 5–8, 2026, in Dipolog City, to wit:

NO	NAME	POSITION/ DESIGNATION	SCHOOL/OFFICE
1	AARON JOHN VILLAR LOPEZ	Learner Participant	Union NHS
2	ERICH WENDELISE P. DONOSO	Learner Participant	Del Carmen NHS
3	JOSHUA JAHRN P. LUBRIO	Learner Participant	Oguing Navarro Memorial NHS
4	JULIE ANN B. BOQUILON	Learner Participant	Dahogoy NHS
5	JEFF JENKEN D. OREJAS	Learner Participant	Pilar NHS
6	VINCE BENEDICT B. MAHINAY	Learner Participant	San Benito NHS
7	AG BOWYN L. LASALA	Learner Participant	Socorro NHS
8	RETZ NICHOL L. GALANIDA	Learner Participant	Socorro NHS
9	EARVIN MARK GILL D. QUIRIDO	Learner Participant	Socorro NHS
10	CHRISTINE JOY C. DULGUIME	PDO I/DYFC	SGOD
11	GLENDA R. DADAP	PDO I/DYFC	SGOD
12	RALPH J. TESADO	SSLG Adviser	Socorro NHS

2. This activity aims to strengthen leadership, collaboration, and active engagement in meaningful youth initiatives. It provides an opportunity to represent

the Division, exchange ideas and best practices, and empower fellow learners to become responsible, proactive, and effective agents of change.

3. Learner-participants are required to secure and accomplish the following documentary requirements and submit them **on or before November 23, 2026**.

   a. **Parental Consent Waiver Form with Learner Consent, Waiver, Indemnity and Release;**
   b. **Medical Certificate**
   c. **Photocopy of School Identification Card; and**
   d. **Travel Insurance.**

4. Teaching and Non-teaching participants attending activities on weekends or holidays are entitled to Service Credit (SC) or Compensatory Time-Off (CTO), in accordance with DepEd Order 53, s. 2003.

5. All travel and related expenses of participants shall be charged against the Learner Support Fund, Local Funds, Maintenance and Other Operating Expenses (MOOE), and/or other available funding sources, subject to existing accounting and auditing rules and regulations.

6. For queries and clarifications, please contact Division Learner Formation Coordinators through the email address christinejoy.camingue@deped.gov.ph and glenda.racho@deped.gov.ph

7. For information, guidance and strict compliance.

MANUEL O. CABERTE
Schools Division Superintendent

Encl: As stated
Reference: As stated
To be indicated in the Perpetual Index under the following subjects:
LEARNER GOVERNMENT PROGRAM **LEARNERS CONVERGENCE**

SGOD/cjcd
11/16/2026

PARENTAL CONSENT AND WAIVER FORM

I, Mr./Mrs._____, as the parent or legal guardian of _____, hereby acknowledge that I have been informed of the details of the conduct of the **Clustered Regional Learners' Convergence Philippines 2026** for **Cluster 4**, that will be held from **December 05** to **08, 2026**, in **Dipolog City**, the designated host venue for the cluster.

I understand that the Bureau of Learner Support Services-Youth Formation Division (BLSS-YFD) of the Department of Education (DepEd) together with the Host Region and Schools Division Office shall implement the minimum public health standards set by the government to minimize the risk of the spread of any communicable disease, but it cannot guarantee that my child will not become infected.

I understand that my child's in-person attendance at the event will include associating with teachers, fellow learners and school personnel, and other persons inside and outside of the school that may put my child at risk of transmission of any communicable disease, notwithstanding the precautions undertaken by the implementing team.

Voluntary Participation
I acknowledge that my child's participation in this activity is completely voluntary. My child may decline to participate or withdraw from participation at any time for any reason. Declining or withdrawing participation will not result in any penalty or loss of benefits or reduction of any basic right to which my child is entitled. While there remains the risk of possible transmission of any communicable disease to my child/ren, and to the members of my household, I freely assume the said risk and I permit my child to attend this activity.

Exclusion (Limitations/Ineligibility)
I am aware that symptoms of any communicable disease include, but are not limited to, fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, the new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, and diarrhea.

I confirm that my child currently has none of those symptoms and is in good health. I will not allow my child to physically go to the event if my child or any member of my household develops any of the said symptoms or any other symptoms of illness that may or may not be related to any communicable disease. I will also inform the school/division and not allow my child to attend the event if my child or any of my household members test positive for any communicable disease. My child/ren and I, with my household members, will follow the required health and safety protocols and procedures adopted by the school and community.

Documentation

I confirm that I give full permission in any recording or picture taken of my child during the conduct of this event and to use some or all my child's images/ contribution/ performance in any publication (including electronic publications such as film or website) created by or for the BLSS-YFD and to release this material to DepEd official platforms.

Confidentiality

I am aware that any information that will be given during the activity will be kept strictly confidential, and personal information will be treated in accordance with the Republic Act 10173, Data Privacy Act of 2012. I am assured that the information about my child will not be shared outside of the implementation team. My child's name will not be used when data from this activity is analyzed.

I hereby confirm that I agree and understand the commitment of my child as a participant. I also understand and will support my child's endeavor to meet the expectations, guidelines, and responsibilities to his/her fellow participants and to DepEd.

To the extent allowed by law and rules, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights against the school/division and its personnel as well as officials and personnel of the DepEd relative to the conduct of the activity.

With full understanding, I – on behalf of myself, my household members, and my child/ren – hereby freely and voluntarily give my consent to my child's participation in the activity from December 05-08, 2026. I also attest that I had sought the views of my child and he/she has expressed a willingness to participate in the activity.

Contact Details for Questions and Concerns

For any concerns or clarification, you may contact the BLSS-YFD through the email address blss.yfd@deped.gov.ph

_____ Signature of Parent/Guardian over Printed Name	_____ Contact Details (Mobile Number)
_____ Name of Child	_____ Date

** Please submit this form to your child's school prior to participation in the event.*

LEARNER CONSENT, WAIVER, INDEMNITY and RELEASE

(To be completed by the Learner)

I, _____, agreed to participate with the consent of my parents and/or legal guardian in the conduct of the **Clustered Regional Learners' Convergence Philippines 2026** for **Cluster 4**, that will be held from **December 05** to **08, 2026**, in **Dipolog City**, the designated host venue for the cluster.

I agree to give permission to the **Department of Education (DepEd)** and its representatives to make recordings of my voice and to take photographs and/or videos in which I appear in at the event and location stated above, to be used for the communications and various public campaigns of the Department be it in print, broadcast and/or electronic media.

I have read and understood the accompanying letter and information leaflet. For things I do not understand, I will ask my Parent/Guardian to clarify the objective of the activity for me.

I know the purpose of the project/activity and the part I will be involved in. I know that DepEd and its representative are not allowed to use the information about me in any form that might harm my rights and well-being.

_____ Signature of Learner over Printed Name	_____ Grade Level and Age
_____ Name of School	_____ Date

Annex B.

SCHOOLS DIVISION OFFICE PRE-REGISTRATION FORM
Clustered Regional Learners' Convergence Philippines 2026

December 5-8, 2026

Name of Schools Division Office: SIARGAO **Region:** CARAGA **Cluster Group No.** 4

Office Email: siargao@deped.gov.ph **Total Number of Confirmed Participants:** 12

Representation	Name of Learner / Chaperone (First Name, Middle Initial, Last Name)	Sex	Birthdate (mm/dd/yy)	Age	Grade Level / Position	Complete Name of School / Office	Email Address and Contact Number	Food Restriction	Religion	Emergency Contact:	
										Name and Relationship	Contact Number
President of the Division Federation of Supreme Secondary Learner Government *(1 pax only)*	AARON JOHN V. LOPEZ	Male	11/5/2009	16	Grade 12/DFSSLG President	UNION NATIONAL HIGH SCHOOL	0956 037 5068	Foods High In Acidity	Roman Catholic	Chona Lopez - Mother	0995 605 7373

Representation	Name of Learner / Chaperone (First Name, Middle Initial, Last Name)	Sex	Birthdate (mm/dd/yy)	Age	Grade Level / Position	Complete Name of School / Office	Email Address and Contact Number	Food Restriction	Religion	Emergency Contact:	
										Name and Relationship	Contact Number
Vice President of the Division Federation of Supreme Secondary Learner Government *(1 pax only)*	ERICH WINDELISE P. DONOSO	Female	4/29/2009	17	Grade 12/DFSSLG Vice President	DEL CARMEN NATIONAL HIGH SCHOOL	9305569645	None	Roman Catholic	ERIC PEAK LIM DONOSO - Father	9092754888
Secretary of the Division Federation of Supreme Secondary Learner Government *(1 pax only)*	JOSHUA JAHRN P. LUBRIO	Male	2/5/2008	18	Grade 12/DFSSLG PIO	OGUING NAVARRO MEMORIAL NATIONAL HIGH SCHOOL	9950976371	None	Roman Catholic	MARILYN B. POBE – Mother	9674710681
Treasurer of the Division Federation of Supreme Secondary Learner Government *(1 pax only)*	JULIE ANN B. BOQUILON	Female	7/26/2011	15	Grade 10/ DFSSLG Treasurer	DAGOHOY NATIONAL HIGH SCHOOL	9383842941	Fried and Fast Food	Roman Catholic	MERLINA B. BOQUILON - Mother	9070264659

Representation	Name of Learner / Chaperone (First Name, Middle Initial, Last Name)	Sex	Birthdate (mm/dd/yy)	Age	Grade Level / Position	Complete Name of School / Office	Email Address and Contact Number	Food Restriction	Religion	Emergency Contact:	
										Name and Relationship	Contact Number
Auditor of the Division Federation of Supreme Secondary Learner Government *(1 pax only)*	JEFF JENKEN D. OREJAS	Male	6/4/2009	17	Grade 12/DFSSLG Protocol Officer	PILAR NATIONAL HIGH SCHOOL	9058863254	None	Roman Catholic	Maricel D. Orejas- Mother	None
Member of any recognized school club or organization *(1 pax only)* Is the learner member of club or organization? ☒ Club ☐ Organization Name of Recognized School Club/ Organization: BARKADA KONTRA BISYO	AG BOWYN L. LASALA	Male	10/12/2010	16	GRADE 10/ DFBKB President	SOCORRO NATIONAL HIGH SCHOOL	9489917345	None	IFI	Ralph J. Tesado - Adviser	9668315890

Representation	Name of Learner / Chaperone (First Name, Middle Initial, Last Name)	Sex	Birthdate (mm/dd/yy)	Age	Grade Level / Position	Complete Name of School / Office	Email Address and Contact Number	Food Restriction	Religion	Emergency Contact:	
										Name and Relationship	Contact Number
ALS Learner *(1 pax only)* Grade Level: 9	RETZ NICHOL L. GALANIDA	Female	9/10/2010	16	GRADE 9/ BKB Officer	SOCORRO NATIONAL HIGH SCHOOL	9851465790	None	IFI	Ralph J. Tesado - Adviser	9668315890
IP Representative *(1 pax only)* Does the learner ' belong to an Indigenous group? □ Yes, the learner's indigenous tribe or affiliation is _____ ☒No, the learner is not an IP but actively engaging in / leading IP related initiatives.	VINCE BENEDICT B. MAHINAY	Male	10/12/2011	15	Grade 9/ SSLG Representative	SAN BENITO NATIONAL HIGH SCHOOL	9518186790	Sea Food	Roman Catholic	Edwardson Mahinay - Father	9083337891

Representation	Name of Learner / Chaperone (First Name, Middle Initial, Last Name)	Sex	Birthdate (mm/dd/yy)	Age	Grade Level / Position	Complete Name of School / Office	Email Address and Contact Number	Food Restriction	Religion	Emergency Contact:	
										Name and Relationship	Contact Number
Learner with Special Needs Representative *(1 pax only)* Does the learner identify as a learner with special needs? □ Yes, the learner's condition is _____ ☒No, but the learner advocates for inclusivity for Learner with Special Needs	EARVIN MARK GILL D. QUIRIDO	Male	3/11/2012	14	Grade 8/SSLG Representative	SOCORRO NATIONAL HIGH SCHOOL	None	None	Roman Catholic	Ralph J. Tesado - Adviser	9668315890
Chaperones *(3 pax only)*	CHRISTINE JOY C. DULGUIME	Female	7/4/1995	31	PDO I	DIVISION OFFICE	9476348399	None	Born Again	Johndale Dulguime – Husband	9464636278
	GLENDA R. DADAP	Female	6/4/1976	50	PDO I	DIVISION OFFICE	9190033577	Sweets	Born Again	Randy Dadap - Husband	9754040763
	RALPH J. TESADO	Male	8/8/1988	38	Teacher III / SSLG Adviser	SOCORRO NATIONAL HIGH SCHOOL	9668315890	Sea Food	Roman Catholic	Jocelyn M. Vosotros - Principal	9957385872

SCHOOLS DIVISION OFFICE CERTIFICATION AND ATTESTATION

By signing below, we certify that this form, consisting of a total of **six (6)** pages, is being submitted for the **pre-registration of the Schools Division Office of Siargao,** and that the participants in the preceding pages were selected to ensure **balanced representation of male and female participants** and in accordance with the criteria set forth in the **General Administrative Guidelines of the Clustered Regional Learners' Convergence Philippines 2026**. We further certify that they meet the required qualifications, and that all necessary documentary requirements have been **duly submitted, reviewed, and verified.**

Prepared by:

CHRISTINE JOY C. DULGUIME
PDO I / DYFC
SGOD – Youth Formation Unit

Approved by:

MANUEL O. CABERTE
Schools Division Superintendent

Important Note:

1. *For the following representations—Club or Organization Member, ALS Learner, IP Learner, and Learner with Disability (LWD)—please check the box that applies to the learner being represented and provide the required information in the space provided.*
2. *Kindly take note that Division Youth Formation Coordinators who are part of the Field Support Team (FST) Technical Working Group shall not be designated as chaperones for participating learners.*
3. *Please ensure that the official SDO letterhead, including the appropriate header and footer, is used in this template and that all required signatures are secured before submission.*
4. *This form, together with all other documentary requirements, shall be submitted to the concerned DepEd Regional Office on or before **November 06, 2026**, with a copy furnished to the Clustered Regional LearnCon PH 2026 National Secretariat. File naming conventions and additional instructions are provided in the General Administrative Guidelines. Strict compliance is required.*
5. *For ease in reference, all important links for the Registration are accessible through the following link:*
   a. *Editable and Online Registration Forms – **https://tinyurl.com/CLCPh26FormsTemplates***
   b. *Submission of Documentary Requirements:*
      - *Cluster 1: **https://tinyurl.com/C1-Pax-Docs-ORF***
      - *Cluster 2: **https://tinyurl.com/C2-Pax-Docs-ORF***
      - *Cluster 3: **https://tinyurl.com/C3-Pax-Docs-ORF***
      - *Cluster 4: **https://tinyurl.com/C4-Pax-Docs-ORF***