

DepEd ICT Unit

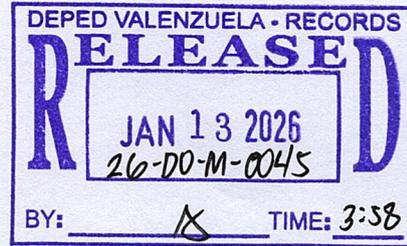
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Republic of the Philippines
Department of Education

NATIONAL CAPITAL REGION

SCHOOLS DIVISION OFFICE OF CITY OF VALENZUELA



**Office of the Schools Division
Superintendent**

DIVISION MEMORANDUM

No. 0040 s. 2026

EMPOWER '25: SDO VALENZUELA YOUTH LEADERS CONVERGENCE

To: OIC – Assistant Schools Division Superintendent
Chief Education Supervisor – SGOD and CID
Public School District Supervisors and Education Program Supervisors
All Public Secondary School Heads
All others Concerned

1. For the information and guidance of all concerned, the Schools Division Office of Valenzuela, Youth Formation Division under the Schools Governance and Operations Division will conduct the above-mentioned activity on **January 15-16, 2026, 8:00 a.m. to 5:00 p.m.**, venue to be announce.
2. This activity follows the theme “Leadership in Motion, Ethics in Action, Rise with Resilience” with hashtags #BidaKabataangValenzuela and #AribaEstudyanteNgValenzuela, which aims to equip our Valenzuela youth leaders with essential skills and knowledge in ethical leadership and practical competencies.
3. Enclosed in this Memorandum are the List of the Participants and Parent Consent Form.
4. Participants are advised to wear casual attire and any white shirt.
5. Schools shall ensure adherence to the following:
 - a. be **purely voluntary** and **will not hamper instructional time** pursuant to the provisions in DO 003, s. 2024 and DO 022, s. 2023 titled Implementing Guidelines on the School Calendar and Activities for the SY 2023-2024.
 - b. No disruption of classes; and
 - c. Learner-delegates shall secure parent waiver and consent.
6. Meals of all public-school learner, teacher-advisers and program management team shall be charged to the Sub-Aro fund. Travel and incidental expenses of the school participants shall be charged to school local funds, subject to usual accounting and auditing procedures.
7. For further concerns, please coordinate with the Division Youth Formation coordinators, Arwin T. Baluyot and Ms. Richmae L. Dantes through telephone no. (02) 277 34 39 loc. 121.
8. For immediate dissemination and compliance.

NOEL D. BAGANO
Schools Division Superintendent

Encl.: As stated

References: None

To be indicated in the Perpetual Index
under the following subjects:

EMPOWER '25

RMD/EMPOWER25SDOValenzuelaYouthLeadersConvergence

_____/January 13, 2026



Republic of the Philippines
Department of Education
NATIONAL CAPITAL REGION
SCHOOLS DIVISION OFFICE - CITY OF VALENZUELA

EMPOWER' 25: SDO VALENZUELA YOUTH LEADERS CONVERGENCE

LIST OF PARTICIPANTS

NAME OF PARTICIPANTS	SCHOOL
JUSTIN ZUBIRI	DALANDANAN NHS
PRINCESS EMERALD PACIBE	
STEPHANIE JIMENA	
CESAR JOHN P. CARPIZO	VALMASCI
JUSTIN KYLE M. APULI	
FRANCHESKA NERISSA CONSORTE	
JUSTINE CARL A. GARCIA	MALINTA NHS - SHS
EVAN L. ALIAS	
MARGEL D. SOLAYAO	
REIGN SAMANTHA O. CHUA	MALINTA NHS
CKEAN PAOLO C. DAYRIT	
JUDEA NIELLA C. CATALAN	
GLAZELY ANN T. BALDON	ARKONG BATO NHS
SHEERENA KIM A. CAMPILLO	
ALTHEA REIN C. SAQUITA	
GHELAI ARZHEL R. ALCANTARA	VEINTE REALES NHS
CLARECE C. CIPRIANO	
JILL S. FERNANDO	
CATHLYN NICOLE SUCGANG	MALANDAY NHS
JOHN TYRONE PUTOL	
PATRYZE JERIELLE BAÑEZ	

RHAVEN ED C. SILOS	VICENTE P. TRINIDAD NHS
KERT RANETH L. TOLENTINO	
PRINCESS CASSEY B. RELOS	
JAIZEL ANTOINETTE P. LUCIANO	WAWANGPULO NHS
PRINCESS LOVELY V. RAMOS	
JEREMY HERO C. LUCERO	
IYATASHA INNO T. MAZO	LINGUNAN SHS
DAVE P. AQUINO	
CATHERINE ALMONIA	
DIANA JANE Z. LI	LINGUNAN NHS
JHARED LOURD D.V. ABUNDO	
SHANNEA C. SABULARSE	
ANGELENNICA J. VILLANUEVA	BIGNAY NHS
KAELA GABRIELLE Z. DASSUN	
JAMES PATRICK E. GA-AS	
CHELWIN A. BILINARIO	POLO NHS
MICHAELA LOUISE A. BLAS	
ALTHEA LOUISE A. ACUÑA	
KARYLLE C. FELICIANO	LAWANG BATO NHS
REYDON TABACULDE	
KATHERINE JADE S. RAMOS	
KYLE MIGUEL B. RODRIGUEZ	CANUMAY EAST NHS
GIAN LLOYD J. GALANG	
MARIEL I. OBRIQUE	
MARK LESTER R. RAMAS	CANUMAY WEST NHS
CHANNELLE M. ALEJANDRINO	

AIRA JHANE BARTONICO	
CYRUS JEFF O. DUCABO	
HOWARD ANDREI S. MINA	DISIPLINA VILLAGE – BIGNAY NHS
REANA MARIE C. VERDEFLORES	
ASHLEY NICOLE N. LORCHA	
MICHAELLA ZANE PANDANAN	
ANGEL AGUTAYA	PUNTURIN SHS
ARVY JAMES V. BABON	
BRAD GABRIEL F. DUYAG	BAGBAGUIN NHS
AIESHA FAYE A. ABARRATIGUE	
EARL GIAN M. GALVEZ	
YVONNE MARIZ O. BARTOLOME	VALENZUELA NHS
SAYURI DANDEN B. AQUINO	
SOPHIA GAILE TIONGSON	
ANN PRINCESS MAGRACIA	GEN. T. DE LEON NHS
ERVIN JAMES TALVO	
PAULEEN BALINTONG	
GARCELLE ELISE RODA	MAYSAN NHS
HANNAH SVETHLANA YOUNG	
CASSANDRA LOUISE T. CASTILLO	
HERLINNA MARIE M. GALVAN	SITERO F. MEMORIAL NHS
YEIRA ABIGAIL G. CORREA	
JOHN MICHAEL ROXAS	
LEIGH ANN RAMOS	SITIO STO ROSARIO IS
RHIANNA CANTILLON	
RAINE ZYDNAE KHOLENE LABAY	
	MAPULANG LUPA NHS

PRINCESS LUGILLE BATA		
DANICA BATIN		
PAULEEN MAE PEÑANUEVA		PARADA NHS
LENIE JIEL MEDROS		
MICAH JOIE CHANG		
MA. RIANE BORNALES		JUSTICE ELIEZER R. DELOS SANTOS NHS
KOBE BUENSUSESO		
JAIRIELLE DELOS SANTOS		
ASHLEY NICOLE B. BOAC		PASO DE BLAS NHS
MERRY SHAMCEY D. TERREN		
PRECIOUS ANGEL Y. TAGANILE		

TECHNICAL WORKING GROUP

JENNAILYN MAE S. IZON		PUNTURIN SHS
JEFFREY G. DE LEON		LINGUNAN NHS
JERRY R. REAÑO		MALINTA NHS
GABRIEL M. MAGAY		VEINTE REALES NHS
MARILYN DG. DELA CRUZ		V.P. TRINIDAD NHS
JOVELL B. SAJULGA		MALANDAY NHS
MARINELL A. MOLINA		LAWANG BATO NHS
CHRISTOPHER A. MACABANTING		CANUMAY WEST NHS
ERISH JOY C. QUIMPAN		CANUMAY EAST NHS
BABY JEAN V. FELICILDA		WAWANGPULO NHS

REYNALDO G. PAULO	DISIPLINA VILLAGE – BIGNAY NHS
CARLO MARTIN A. DECENA	POLO NHS
JOHN RYAN D. ANGEL	BIGNAY NHS
VICTOR A. SAYO	ARKONG BATO NHS
AARON JOSHUA ORENZA	LINGUNAN SHS
AVE N. DENOSTA	MAPULANG LUPA NHS
NADINE LOUISE R. LAVEGA	SITERO FRANCISCO NHS
ROWENA M. SAKAY	PARADA NHS
MAUREEN F. FORIO	JUSTICE ELIEZER DELOS SANTOS NHS
MICHELLE P. DAVID	BAGBAGUIN NHS
RONALYN R. ARMA	PASO DE BLAS NHS
ELENIE G. INSIGNE	SITIO STO. ROSARIO IS
RICHMAE L. DANTES	SDO – VALENZUELA
ARWIN T. BALUYOT	SDO – VALENZUELA
ARIES T. BUENO	SDO – VALENZUELA

MARIA LOURDES Y. SAYMAN	DALANDANAN NHS
JEFFREY E. FLORES	MALINTA SHS
JERALD B. DELOS SANTOS	VALENZUELA NHS
ARNIELSON T. CALUBIRAN	GEN. T. DE LEON NHS
JOAN R. DOCTOR – CASTRO	MAYSAN NHS
JANICE IGNACIO	LAWANG BATO ES
ANIKA SEJU MENDOZA	SSLG REPRESENTATIVE
DERRICK JOSEF DILA	LAWANG BATO NHS
MARCUS GABRIEL BERNABE	SSLG REPRESENTATIVE



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PARENTAL CONSENT AND WAIVER FORM

I, _____, as the parent or legal guardian of _____, hereby acknowledge that I have been informed of the details of the conduct of the **EMPOWER '25: SDO VALENZUELA YOUTH LEADERS CONVERGENCE** that will be held on **January 15-16, 2026** at **Valenzuela City**.

I understand that Department of Education (DepEd), Schools Division Office of Valenzuela 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 Division 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.

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 SDO-Valenzuela and to release this material to Valenzuela 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 Department of Education 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 January 15-16, 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.

Signature of Parent/Guardian over Printed Name	Contact Details (Mobile Number)
Name of Children	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 **EMPOWER '25: SDO VALENZUELA YOUTH LEADERS CONVERGENCE** at Valenzuela City.

I agree to give permission to the **Schools Division Office of Valenzuela** 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.

Name of Learner	Name of School
Age	Date