



February 4, 2015

**DIVISION MEMORANDUM**  
No. 068, s. 2015

**CONDUCT OF SUPREME STUDENT GOVERNMENT (SSG)  
AND SUPREME PUPIL GOVERNMENT (SPG) ELECTIONS**

**To: Assistant Superintendent  
Education Supervisors/Coordinators  
District Supervisors/OICs  
Elementary and Secondary School Heads  
Heads, Private Elementary and Secondary Schools**

1. This Office is reminding the field of the conduct of the **2015 Supreme Pupil Government (SPG) and the Supreme Student Government (SSG) Elections.**
2. To synchronize schedule for election related activities, suggested dates are as follows:  
February 9-12 - Filing of Certificates of Candidacy  
February 13 - Announcement of Official List of Candidates  
February 16-20 - Election Campaign  
February 23 - Campus Wide Debates  
February 27 - Election Day and Proclamation of Winners  
March - Turn-Over of the Student Government Matter to, and  
- Briefing of the New Set of Officers
3. Relative to this, schools will furnish this Office with hard and soft copies of the list of newly elected SPG and SSG Officers, using the given format attached, c/o Mrs Rosemary N. Oliverio, Division Coordinator for Araling Panlipunan.
4. Wide dissemination of and compliance with this Memorandum is desired.

  
**ARDEN D. MONISIT, Ed.D.**  
Schools Division Superintendent

Telephone Numbers:

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## SUPREME PUPIL GOVERNMENT

Name of School: \_\_\_\_\_  
 District : \_\_\_\_\_  
 Level : \_\_\_\_\_

Administrator: \_\_\_\_\_  
 SSG Adviser : \_\_\_\_\_

POSITION	NAME (Family Name, First Name, Middle Initial)		
	Family Name	First Name	Middle Initial
President			
Vice President			
Secretary			
Treasurer			
Auditor			
P.I.O :			
PEACE OFFICER			
YEAR LEVEL CHAIRPERSON: (IF			
YEAR LEVEL COUNCILOR			
YEAR LEVEL COUNCILOR			
YEAR LEVEL COUNCILOR			
YEAR LEVEL COUNCILOR			

Prepared by:

\_\_\_\_\_  
 SSG Adviser  
 (Name & Signature)

\_\_\_\_\_  
 Principal  
 (Name & Signature)

## SUPREME STUDENT GOVERNMENT

Name of School: \_\_\_\_\_  
 District : \_\_\_\_\_  
 Level : \_\_\_\_\_

Administrator: \_\_\_\_\_  
 SSG Adviser : \_\_\_\_\_

POSITION	NAME (Family Name, First Name, Middle Initial)		
	Family Name	First Name	Middle Initial
President			
Vice President			
Secretary			
Treasurer			
Auditor			
P.I.O :			
PEACE OFFICER:			
YEAR LEVEL CHAIRPERSON: (IF APPLICABLE)			
FIRST YEAR LEVEL REP. (JULY)			
SECOND YEAR LEVEL REP.			
THIRD YEAR LEVEL REP.			
FOURTH YEAR LEVEL REP.			

Prepared by:

\_\_\_\_\_  
 SSG Adviser  
 (Name & Signature)

\_\_\_\_\_  
 School Principal  
 (Name & Signature)