



August 19, 2015

DIVISION MEMORANDUM

No. 513 s. 2015

2015 DIVISION WELLNESS CAMPUS PROGRAM

To: Assistant Superintendent
Education Supervisors/Coordinators
District Supervisors/OICs
Elementary and Secondary School Heads

1. With reference to Division Memorandum No. 433, s. 2015 re: "One-Day Echo-Seminar on the 2015 Wellness Campus Program for Secondary Schools", dates on submission of waivers, conduct of the Area Level Wellness Dancercise Elimination Rounds, and the Division Level Dancercise Competition was agreed with the implementing guidelines and modules.

2. All Secondary School Heads are directed to implement the nutrition modules during health classes and make the Wellness Dancercise as warm-up exercise during flag raising ceremonies and P.E. classes.

3. Modules which are provided shall be used as lesson plans of the teachers handling Health classes.

4. Waivers which are distributed shall be filled in by the students and shall be returned to this Office (attention Mrs. Nenita G. Jaralve) on August 15, 2015 as agreed.

5. To date, the following schools have not yet returned the waivers:

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|--------------------------------|--------------------------|
| 1. Alcantara NHS | 7. Argao NHS |
| 2. Paso-Pugalo IS, Alcoy | 8. Colawin NHS |
| 3. Madridejos NHS, Alegria | 9. Talaga NHS, Argao |
| 4. Santa Filomena NHS, Alegria | 10. Calagasan NHS, Argao |
| 5. Montpellier NHS, Alegria | 11. Usmad NHS, Argao |
| 6. Inghoy NHS, Alegria | 12. Cansuje NHS, Argao |

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|---------------------------------------|------------------------------|
| 13. Mandilikit NHS, Argao | 47. Guindaruhan NHS, Ming. |
| 14. Bulasa NHS, Argao | 48. Minglanilla Sci. HS |
| 15. Badian NHS | 49. Tungkil NHS, Minglanilla |
| 16. Tubod NHS | 50. Cañang, Marcelo Lung NHS |
| 17. Boljoon NHS | 51. Langin NHS, Ronda |
| 18. El Pardo NHS, Boljoon | 52. Ronda NHS |
| 19. Lunop NHS, Boljoon | 53. Samboan NHS |
| 20. Mantalongon NHS, Dalaguete | 54. San Sebastian NHS |
| 21. Caleriohan NHS, Dalaguete | 55. Pedro D Uy Calderon MNHS |
| 22. Caliongan NHS, Dalaguete | 56. San Fernando NHS |
| 23. Casay NHS, Dalaguete | 57. Greenhills NHS |
| 24. Manlapay NHS, Dalaguete | 58. Tubod NHS |
| 25. Cawayan NHS, Dalaguete | 59. Lantawan IS |
| 26. Dumanjug NHS | 60. Sibonga NHS |
| 27. Cogon NHS, Dumanjug | 61. Simala NHS |
| 28. Hipolito Boquecosa MNHS, Dumanjug | 62. Teodoro dela Vega MNHS |
| 29. Bitoon NVHS, Dumanjug | 63. Julian Enad MNHS |
| 30. Bulak NHS, Dumanjug | 64. Manatad NHS, Sibonga |
| 31. Tubod Duguan NHS, Dumanjug | 65. Mangyan NHS, Sibonga |
| 32. Guiwanon NHS, Ginatilan | 66. Pinamungajan NHS |
| 33. Salamanca NHS, Ginatilan | 67. Lamac NHS, Pinamungajan |
| 34. Palanas IS, Ginatilan | 68. Anupog NHS |
| 35. Montañeza NHS, Malabuyoc | 69. Lut-od NHS |
| 36. Sorsogon NHS, Malabuyoc | 70. Anislag NHS |
| 37. Cerdeña NHS, Malabuyoc | 71. Bartolome NHS, Barili |
| 38. Mahanlud NHS, Malabuyoc | 72. Balao NHS, Barili |
| 39. Moalboal NHS | 73. Guibuangan NHS, Barili |
| 40. Bala NHS, Moalboal | 74. Patupat NHS, Barili |
| 41. Busay NHS, Moalboal | 75. Federico NHS, Barili |
| 42. Lipata NHS, Minglanilla | 76. Malolos NHS, Barili |
| 43. Tulay MHS, Minglanilla | 77. Cagay NHS, Barili |
| 44. Tungkop NHS, Minglanilla | 78. Teotimo NHS, Barili |
| 45. Tubod NHS, Minglanilla | 79. Giloctog NHS, Barili |
| 46. Vito NHS, Minglanilla | 80. Lamac NHS, Barili |

6. School Heads of the above-listed schools are directed to submit the waivers to this Office on Monday, August 24, 2015, last day of submission.

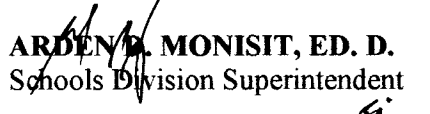
7. The date of the Area Level Campus Wellness Elimination Rounds shall be on September 4, 2014 which shall be done simultaneously at the four districts namely: Northwest, Northeast, Southeast and Southwest. Venues shall be announced later.

8. Area Consultants are enjoined to monitor the implementation of the Wellness Campus Program in their respective areas of consultancy.

9. The Division 2015 Wellness Campus Showdown is scheduled on September 11, 2015.

10. 2015 Wellness Campus Official Entry and Conforme Sheets are attached hereto for use during the Division and Regional Showdown. Necessary data required in the sheet must be filled in once it is used and must be duly signed by the Principal/School Head and the School Authorized Representative.

11. Immediate and wide dissemination of this Memorandum is desired.


ARDEN B. MONISIT, ED. D.
Schools Division Superintendent



Telephone Numbers:

Schools Division Superintendent: (032) 255-6405
Asst. Schools Division Superintendent: (032) 414-7457
Accounting Section: (032) 254-2632
Disbursing Section: (032) 255-4401

Website: www.depedcebuprovince.ph

E-mail Add: depedcebuprovince@yahoo.com

2015 WELLNESS CAMPUS
OFFICIAL ENTRY AND CONFORME SHEET

NAME OF SCHOOL : _____
COMPLETE ADDRESS : _____
DIVISION : _____
Contact No.: _____ Email: _____
Name of Principal : _____ Contact No. : _____
Name of School Representative : _____
Designation: _____ Contact No. _____

We hereby confirm our official participation in the 2015 Wellness Campus division showdown of the 2015 Wellness Campus. We also undertake and express our willingness to represent our division in the regional showdown in case our school will win in the division level of the competition.

We hereby certify that the fifty students (50) listed below who will represent our school in the 2015 Wellness Campus Contest are bonafide students of our school and the accompanying teachers/coaches/representatives are duly designated and authorized by the school.

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|-----------|-----------|
| 1. _____ | 26. _____ |
| 2. _____ | 27. _____ |
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| 18. _____ | 43. _____ |
| 19. _____ | 44. _____ |
| 20. _____ | 45. _____ |
| 21. _____ | 46. _____ |
| 22. _____ | 47. _____ |
| 23. _____ | 48. _____ |
| 24. _____ | 49. _____ |
| 25. _____ | 50. _____ |

School Authorized Representative
(Signature Over Printed Name)

Principal
(Signature Over Printed Name)

Date

Date

2015 WELLNESS CAMPUS
OFFICIAL ENTRY AND CONFORME SHEET

NAME OF SCHOOL : _____
COMPLETE ADDRESS : _____
DIVISION : _____
Contact No.: _____ Email: _____
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| 24. _____ | 49. _____ |
| 25. _____ | 50. _____ |

School Authorized Representative
(Signature Over Printed Name)

Principal
(Signature Over Printed Name)

Date

Date