



Republic of the Philippines
Department of Education
Region VII, Central Visayas



DIVISION OF CEBU PROVINCE

Sudlon, Lahug, Cebu City

November 5, 2015

Division Memorandum
No. 776 s. 2015

REGIONAL TRAINING SCHOOL 2015

To: Division Field Commissioners
District/School Commissioners
Secondary School Commissioners
Heads, Private Elementary and Secondary Schools

1. Attached is a communication from Girl Scouts of the Philippines (GSP) Cebu Council dated October 8, 2015, inviting the field to the **Regional Training School 2015 on November 12-25, 2015 at the Marina Yulo-Vargas Regional Program and Training Center (MYVRPTC), Capitol Hills, Cebu City**, for the information and guidance of all concerned.
2. Registration fee, travelling and other incidental expenses incurred in connection to the participation to this activity shall be chargeable against **Personal/Solicited/Special Education (SEF) Funds**, subject to its availability and the usual accounting and auditing rules and regulations.
3. For more details, refer to the attached communication.
4. This Memorandum serves as "**Authority to Travel**" to participants.
5. Immediate and wide dissemination of this Memorandum is desired.


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



GIRL SCOUTS OF THE PHILIPPINES
Cebu Council

October 8, 2015

DR. ARDEN D. MONISIT
Schools Division Superintendent
Department of Education
Cebu Province Division

Dear Dr. Monisit:

This is to invite you to send participants to the Regional Training School 2015 which will be held at MYVRPTC "Camp Marina", Cebu City on November 12 - 25, 2015 with the following courses offered:

Course	Date	Fee
Age Level	November 12 - 15, 2015	P 2,800.00
Camper's Permit	November 12 - 15, 2015	2,800.00
Financial Management	November 17 - 19, 2015	2,100.00
Seminar/Workshop for Media Officers in the Region & Councils	November 17 - 19, 2015	2,100.00
Training for Trainers	November 21 - 25, 2015	3,500.00
Camp Management	November 21 - 25, 2015	3,500.00

Things to bring:

- 2 sets of new business uniform
- Alternate uniform
- Closed Black Shoes
- Semi-formal dress
- Jogging/physical fitness outfit
- Rubber shoes, slippers
- Sit-upon
- Toiletries, towels
- Flashlight, first aid kit
- Personal medicine
- Writing materials, references
- Shoeshine kit
- Ground sheet, bedroll, knife & camp hat (for camper's permit)
- Scrapbook and Art Materials
- Camera (Optional)

We encourage your Division to send participants to all the courses so that our volunteers will be aware of their functions in their schools/districts and also we can develop/produce more trainers who can help the council improve the many facets of the training program.

Attached are the following:
-Participants Information Sheet
-Participants Health Forms

We do hope you can send participants to this event from your division.

We truly appreciate your support which strengthens our concerted effort to maintain quality Girl Scouting program both for the girls and adult members..

Sincerely yours,


JO ANN MARIE P. JAYME
Council Executive

CC: Mrs. Jane O. Gurrea
Division Scouting Coordinator

2. Girl Scouting Training Courses Taken. (Please check)

	Year Taken		Year Taken
<input type="checkbox"/> Orientation to Girl Scouting	_____	Quartermasters' Course	_____
Basic Course	_____	Star Holiday Course	_____
Specialization Course	_____	Training for Trainers	_____
Outdoor Course	_____	Trainers Update	_____
Troop Leadership Course	_____	GS Office Management	_____
Badgework Workshop	_____	Council Administration	_____
Campers Permit Course	_____	_____	_____
Camp Management Course	_____	_____	_____

3. Qualification/Credentials earned. (Please check)

	Year Earned		
Campcraft	_____	QM Certificate	_____
Camper's Permit	_____	Trainer's Credentials	_____
Camper's License	_____	Specialist Trainer	_____
Star Holiday Permit	_____	Trainer's Diploma	_____

4. Place/Year of Last Attendance at NTS _____
Place Year

5. Scholarships/Awards Received in Girl Scouting/Others _____
Year

6. Special Interests _____

7. Special Abilities/Skills _____

8. Food Prohibition/Restriction _____

Signature

Date

PHYSICAL EXAMINATION - to be filled out by licensed physician

Code V - Satisfactory

X - Not Satisfactory (explain)

Height	_____	Blood Pressure	_____	Circulatory System	_____	Blood Analysis	_____
Weight	_____			Urinalysis	_____		
Eyes	_____			Loco-motor System	_____		
Eye glasses	_____			Nervous System	_____		
Ears	_____			Skin	_____		
Nose	_____			Allergy - Please specify	_____		
Throat	_____						
Teeth	_____						
Heart	_____			General Appraisal	_____		
Lungs	_____			Menstrual History	_____		
Abdomen	_____						
	Genitalia	_____					
	Kernia	_____					

Recommendations and restrictions (diet, medicine, swimming, diving, etc)

Immunizations:

D.P.T Series	_____	Booster	_____	Date	_____	Tetanus Booster	_____	Date	_____
Typhoid Series	_____	Booster	_____	Date	_____	(if requires by camp)			
Small Pox	_____					Date	_____		

Examining Physician

Telephone _____ Address _____

Date _____