

## Republic of the Philippines

# Department of Education

REGION VIII SCHOOLS DIVISION OF NORTHERN SAMAR

March 15, 2024

#### DIVISION MEMORANDUM

No. \_\_\_\_\_\_, s. 2024

### ADDENDUM TO DIVISION MEMORANDUM NO. 083, S. 2024 RE: 2024 DIVISION FESTIVAL OF TALENTS

To: Assistant Schools Division Superintendent

Chief Education Supervisors Education Program Supervisors Public Schools District Supervisors

Principals in-Charge

Public Elementary and Secondary School Heads

Private School Heads All Others Concerned

- 1. Relative to Division Memorandum No. 083, s. 2024 titled, **2024 Division Festival of Talents (DFOT)**, travelling expenses, meals and snacks of student-contestants and teacher-coaches as participants to the said activity are chargeable against school MOOE/local funds, subject to the usual accounting and auditing rules and regulations.
- 2. Participants to the 2024 DFOT, facilitated by the 46 District Heads, are directed to register on or before March 20, 2024 at the cashier's office in one document (see attached registration form) to ascertain the total number of student-contestants and teacher-coaches per district.
- 3. All other provisions in the cited Division Memorandum consistent with this issuance shall remain in force and in effect.

4. Immediate dissemination of and compliance with this Memorandum are desired.

GAUDENCIO C. ALJIBE JR., PhD, CESO VI OIC-Schools Division Superintendent

Enclosure:

None

eferences: DM

DM 083, s. 2024; DM 087, s. 2024

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

CURRICULUM

FESTIVAL OF TALENTS

CONTESTS



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CID-FJL

Enclosure 01 to Division Memorandum No. \_

District:

TOTAL PARTICIPANTS =

# 2024 DIVISION FESTIVAL OF TALENTS

Catarman I Central School May 21-23, 2024

#### REGISTRATION FORM

District H	ead:		
School	Name (Student-Contestants)	Contest-Category	Amount Paid
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	Pls. add columns for other participants		
	Name (Teacher-Coaches)		
	1.		
	2.		
	3.	_	
	4.		
	5.		
	6.		
	7.		
	8.		
	Pls. add columns for other participants		

Signature over	r Printed	Name	of Distric	t Head

Prepared by:

TOTAL AMOUNT PAID

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