



Republic of the Philippines  
DEPARTMENT OF EDUCATION  
NEGROS ISLAND REGION



**SCHOOLS DIVISION OFFICE OF KABANKALAN CITY**

UNNUMBERED MEMORANDUM

To: Chief, Curriculum Implementation Division  
Chief, School Governance and Operation Division  
Public School District Supervisor  
School Head/Principal (Public and Private Schools)

From:  ANTHONY H. LIOBET, CESO VI  
Schools Division Superintendent

Date: March 19, 2018

Subject: GSP –Regional Training Course 2018- Age Level Course

1. In reference to the Negros Occidental Girl Scout Council Memo No. 13, series 2018, there will be a conduct of Regional Training School on April 11 to 14 at Marina Yulo-Vargas Regional and Training Center, Brgy. Kalunasan, Cebu City.
2. Participants to the training are registered troop leaders who have taken GSP Basic Course/or Outdoor Leadership Course.
3. Registration of the participants which is Php 3,000.00 can be charged to school MOOE or Local Funds subject to availability, proper accounting and auditing procedures.
4. Enclosed are the GSP Information Sheet and Health Form. For any details, kindly coordinate any concern to the Division GSP Coordinator – Ms. Jake (mobile number 09983306100) on or before March 22.
5. For immediate information and dissemination.



**Girl Scouts of the Philippines**  
**NEGROS OCCIDENTAL GIRL SCOUT COUNCIL**  
 Araneta St., Singcana, Bacolod City  
 Telefax No. (034) 431 1600  
 E mail Address: negoccgscouncil@yahoo.com.ph

DATE: 2/16/18  
 TIME: 11:59am  
 J. B. [Signature]

**Council Memo No. 13**  
 Series 2018

TO : DIVISION GIRL SCOUT COORDINATORS  
 : SECONDARY SCHOOLS GS COORDINATORS  
 : DISTRICT FIELD ADVISERS  
 THRU THE : SCHOOLS DIVISION SUPERINTENDENTS  
 RE : ~~REGIONAL TRAINING SCHOOL 2018-AGE LEVEL COURSE.~~  
 FROM : COUNCIL EXECUTIVE  
 DATE : March 15, 2018

Greetings! This is to inform you of the upcoming Regional Training School 2018 which will be held on ~~April 11-14, 2018~~ at the Marina Yulo-Vargas Regional Program and Training Center, Barangay Kalunasan, Cebu City.

This is the only part 1 of the RTS because only **Age Level Course** will be offered (with practicum) for there are series of events both the GSP and DepEd that are in conflict with our RTS schedule. The rest of the other training courses will be offered during part 2 of the RTS which will be held next Fiscal Year on November 2018.

**Registration Fee** : P3,000.00 per participant to cover food, accommodation and souvenir  
**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 medicines
- Writing materials, references
- Shoeshine kit
- Scrapbook and Art Materials
- Camera (optional)

**Qualification** : Must have taken the GSP Basic Course Training and/or Outdoor Leadership Course

We enjoin you to send participants to this training event so that we can develop/produce more trainers who can help the council improve the many facets of the training program. Please confirm number of participants on or before March 22, 2018.

The registration fee of the participants which is Three Thousand (P3, 000.00) Pesos each and the transportation and other relative expenses will be chargeable against local funds or school MOOE

enclosed are the information sheet and Health Form for the individual participants to accomplish. We expect to receive these forms on or before March 22, 2018.

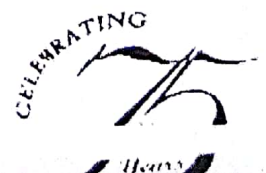
We hope to see more qualified Troop Leaders participating in this training for their personal and professional growth.

May we therefore respectfully request for the widest and immediate dissemination of this memo to all concerned?

Thank you very much in anticipation of your most favorable action to this request.

WOMAN POWER!

Truly yours,  
  
 CARMENCITA C. ROBLE



GIRL SCOUTS OF THE PHILIPPINES  
 VISAYAS REGION  
 Marina Yulo-Vargas Regional Program & Training Center  
 Barangay Kalunasan, Cebu City

**HEALTH EXAMINATION FORM**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Surname First Middle

Parent Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street & Number Town/City Province

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**HEALTH HISTORY:** (check - giving approximate dates)

Frequent Colds \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Chickenpox \_\_\_\_\_

Abscessed Ears \_\_\_\_\_ Convulsion \_\_\_\_\_ Mumps \_\_\_\_\_

Fainting \_\_\_\_\_ Sleep Walking \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Frequent Sore Throats \_\_\_\_\_ Measles \_\_\_\_\_

Sinusitis \_\_\_\_\_ Heart Trouble \_\_\_\_\_

Bronchitis \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Stomach Upset \_\_\_\_\_ Athlete's Foot \_\_\_\_\_

Constipation \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Operations or serious injuries \_\_\_\_\_ Diabetes \_\_\_\_\_

Allergic Reactions:  
 Penicillin \_\_\_\_\_ Other Drugs \_\_\_\_\_

Details of above or additional information \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_  
 Restricted? \_\_\_\_\_

**IMPORTANT:** Please notify the camp if this applicant is exposed to any communicable disease during the three weeks prior to camp attendance.

Suggestions from Parent/Guardian

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In case of Surgical Emergency

I hereby give permission to the physician selected by the camp director to hospitalize, secure prior treatment for, and to order injection, anesthesia or surgery for my daughter as named above.

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 _____		Manual 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 required by carrier)	
Small Pox _____			Date _____	

Examining Physician

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_

# GIRL SCOUTS OF THE PHILIPPINES

Visayas Region

Marina Yulo-Vargas Regional Program & Training Center  
Barangay Kalunasan, Cebu City

Troop No. \_\_\_\_\_

- Girl  
 Adult

Council: \_\_\_\_\_

Region: \_\_\_\_\_

Course: \_\_\_\_\_

## INFORMATION SHEET

Name (Please Print) \_\_\_\_\_  
Last First M.I. Nickname

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Civil Status \_\_\_\_\_  
Month Day Year

Home Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Business Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

Educational Attainment \_\_\_\_\_

Present Occupation \_\_\_\_\_

Person to Contact in Case of Emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Present positions in Girl Scouting \_\_\_\_\_

1. Volunteer Activities/Involvements in GSP and Other Organizations. (Please check)

Girl Scout  
 Troop Leader

Twinkler  Junior  Cadet  
 Star  Senior

Trainer

Council Board Member

Standing Committee Member

District Field Adviser

District Committee Member

Barangay Girl Scout Committee Member

Other (Please specify) \_\_\_\_\_

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	_____
Camper's Permit Course	_____	_____	_____
Camp Management Course	_____	_____	_____

3. Qualification/Credentials earned. (Please check)

	Year Earned		Year Earned
Camcraft	_____	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