



DIVISION MEMORANDUM  
No. 88, s. 2018

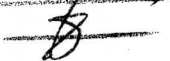
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in JBY, Division of Catanduanes

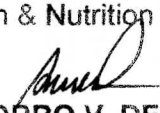
REGIONS SECTION

MAR 05 2018

8:20 AM

Signature: 

TO : SDO Chief's (CID/SGOD)  
Public Schools District Supervisors  
Secondary School Heads  
Health & Nutrition Personnel

FROM :   
SOCORRO V. DELA ROSA, CESO VI  
Schools Division Superintendent

SUBJECT : DIVISION LAUNCHING OF BARKADA KONTRA DROGA

DATE : March 2, 2018

1. In line with the provision of section 43, Article VI of Republic Act 9165 otherwise known as the Comprehensive Dangerous Drugs Act of 2002, the Department of Education through the Bureau of Learner Support Services (BLSS), reiterates its support in Strengthening the National Drug Education Program (NDEP). The establishment of Barkada Kontra Droga Chapter in every school is one of the activities recommended by the Dangerous Drugs Board to this effect.
2. The Department of Education Division of Catanduanes in partnership of Dangerous Drugs Board will conduct a **Division Launching of Barkada Kontra Droga on April 17, 2018, 8:00am to 12:00 noon at the venue to be announced later.**
3. The participants of this activity are **all Secondary Schools BKD Officers, School NDEP Coordinators, SSG President and all Health & Nutrition Personnel.**
4. Attached is the **BKD Membership Form to be fill-up by the BKD officers for the issuance of DDB ID.**
5. Resource persons from the Dangerous Drugs Board will be coming to discuss legal and medical concerns and government initiatives to the prevention of drug abuse.
6. A registration of One Hundred Pesos (PHP 100) per participants that will cover 1 snack and travel and other incidental expenses are chargeable against local/ School MOOE subject to the usual accounting and auditing rules and regulation.
7. Immediate dissemination of this memorandum is desired.

I.D. No. \_\_\_\_\_

**BARKADA KONTRA DROGA  
MEMBERSHIP FORM**

**I. PERSONAL INFORMATION**

**NAME**

(Last Name)	(First Name)	(Middle Name)
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**Home/Mailing Address**

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**Contact Number**

Residential/Cell Phone No.	Office Phone No. / Fax No.
E-mail Address	

Date of Birth	Age	Sex	Religion	Civil Status

**II. EDUCATIONAL BACKGROUND**

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**III. ORGANIZATION REPRESENTED/ENDORSED BY:**

Name of Organization/Endorsee	Position	Contact Number/s

**IV. TRAINING/SEMINARS ATTENDED ON DRUG ABUSE PREVENTION EDUCATION:**

Date	Description

**V. SWORN STATEMENT**

<p>I hereby certify upon my honor that all facts and information herein are true and correct to the best of my knowledge. I further declare that any information given by me, which is not true, may constitute a group expulsion in the Barkada Kontra Droga and a prosecution for perjury.</p> <p>In witness hereof, I am executing and signing this statement voluntarily without compulsion.</p>
<p>_____ Signature over <b>PRINTED NAME</b></p>