



Republic of the Philippines
Department of Education

REGION X
DIVISION OF CAGAYAN DE ORO CITY



Office of the Schools Division Superintendent

10 Feb 2026

DIVISION MEMORANDUM

No. 167 s.2026

**INVITATION TO SELECTED STUDENTS TO THE ADVOCACY AND CAMPAIGN
TRAINING WORKSHOP**

TO: Concerned Elementary and Secondary Schools
This Division

1. This Office informs the field that selected students are invited to participate in the **Advocacy and Campaign Training Workshop** to be conducted on **February 16-17, 2026** at **VIP Hotel**. The activity is organized by the **Xavier Science Foundation**, with the support of **ChildFund Philippines**, and in partnership with the **City Council for the Protection of Children**.
2. The workshop aims to equip participating learners with knowledge and skills in advocacy, child rights promotion, and campaign development to strengthen youth participation in child protection initiatives which forms part of **Childfund's Swipe Safe Project**.
3. The identified students, as reflected in the attached list, are authorized to attend the activity on official time. Concerned schools are hereby directed to secure a duly signed Parent's Consent Form and arrange the necessary Alternative Delivery Module (ADM) or any appropriate learning arrangement for the identified students to participate in the said activity *without disruption to their academic tasks*.
4. In adherence to Equal Opportunity Policy (EOP), inclusive and fair treatment is accorded to all participants regardless of age, gender and sexual orientation, disability, religion, and ethnicity.
5. For information, guidance, and compliance of all concerned.

ROY ANGELO E. GAZO 
Schools Division Superintendent

DM-110-SGOD-SMN-AMSF/ Advocacy and Campaign Training Workshop
February 10, 2026



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LIST OF PARTICIPANTS

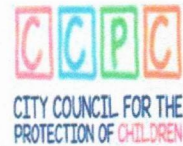
LICEO DE CAGAYAN UNIVERSITY	Krishna Anika M. Caseres
FS CATANICO IS	Dharleen Faith Mayake Duman-Ag
INDAHAG NHS	Alodia Nichole E. Gicole
IBA IS	Kleirns Ja L. Aculan
BUGO NHS	Yhumae Nicole D. Oliver
CITY CENTRAL SCHOOL	Sophie C. Balaba
GRSHS	Rod Izander Tasi
CDONHS SENIOR HIGH SCHOOL	Perland Pelliren
MAMBUAYA NHS	Jenica Jean F. Pading
KAUSWAGAN NHS	John Michael Dela Cruz Lezter Garcia Any Marie A. Roa
PAGATPAT NHS	Jasmine Tiamting Cobar
CAMAMAN-AN NHS	Jucres Abao
LUMBIA NHS	Ayessa Kyle Obsioma
LAPASAN NHS	Prince Boran Chua Evolet S. Siscon Phoebe S. Lanzaderas
PUERTO NHS	Carlos Jay Baculi
BULUA NHS	Angelica Amor Diaz
PN ROA NHS	Charmine S. Teodoro Precious Grace Ayoma
MAMBUAYA NHS	Jade Endrian Dañas Rapha Jones Dumlayan
CDONHS - JHS	Fheona Grace Jao Cherrylou Gabriza



**cagayan
de Oro**
city of golden friendship

Republic of the Philippines
City of Cagayan de Oro
**CITY SOCIAL WELFARE & DEVELOPMENT
DEPARTMENT**

Capistrano Hayes St., Ground Floor, Cityhall, Cagayan de Oro City, Misamis Oriental 9000, PH



CITY COUNCIL FOR THE PROTECTION OF CHILDREN

February 10, 2026

DR. ROY ANGELO E. GAZO

City Schools Division

Superintendent Department of Education

Dear Sir,

Greetings from the City Council for the Protection of Children!

Xavier Science Foundation, Inc., with the support of ChildFund Philippines and in partnership with the City Council for the Protection of Children (CCPC) of Cagayan de Oro, is pleased to invite the officers of the City Children Federation and the PopDev Federation to participate in the **Advocacy and Campaign Training Workshop on February 16–17, 2026, to be held at the VIP Hotel, Velez Street, Cagayan de Oro City.**

This training aims to strengthen participants' knowledge, skills, and strategies in designing effective advocacy initiatives and impactful campaigns to help curb risks associated with the use of online platforms.

The activity forms part of **ChildFund's Swipe Safe Project**, which seeks to ensure that children and youth in the Philippines have greater access to digital safety information and can enjoy a safer online environment free from all forms of online abuse, exploitation, and violence. The workshop will also highlight the celebration of **Safer Internet Day 2026**, featuring discussions anchored on the theme: **"Smart tech, safe choices – Exploring the safe and responsible use of AI."**

Attached are the names of the City Children Federation Officers and PopDev Federation Officers. Please see attached names of the City Federation Officers and PopDev Federation Officers for your reference. In addition, we would like to invite two (2) PopDev leaders from each of the following schools: Cagayan de Oro National High School (JHS), Kauswagan NHS, Lapasan NHS, Mambuaya NHS, and P.N. Roa NHS. Accommodation will be provided for all participants.

As partners in child protection, we assure you that all child safeguarding protocols will be strictly observed throughout the entire process.

For further details, please contact Ms Arcelie Brigole, CCPC Secretariat at 0955-980-9798 and/or Ms. Sheila de Lima, XSF Program Manager at 09163910869.

Respectfully yours,

JONAH A. DOMINGO, RSW

CCPC- Vice Chairperson

CSWD Office, New Legislative Building, City Hall, Cagayan de Oro City, Philippines 9000

HOTLINE NUMBER: 093-544-8560 or (088) 557-0376

Email Address: cdocswdo@gmail.com





Xavier Science Foundation, Inc – KKKK Project

Working with ChildFund Philippines

21 Pabayo St., Barangay 3
9000 Cagayan de Oro City

CONSENT AND PHOTO RELEASE FORM

(Child)

I agree to permit CCPC and XSF to take photographs of my child
(name of child) _____ without further recourse. I
understand that such photographic images of my child may be used for promotional and educational
purposes.

- My child's photograph may be used for any use, including in printed materials, internet and other electronic media, video and audio recordings and other media.
- My child's photograph may be used for any period of time and anywhere.
- My consent cannot be cancelled or changed.
- I understand that I will not review or approve the draft or final product resulting from the use of my child's photograph.
- I am of adult age and have every right to contract with _____.
- I have read, or have been read, the consent before signing it, and I understand this consent.

Signature: _____

Date signed: _____

Printed name: _____

Location: _____



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21 Pabayo St., Barangay 3
9000 Cagayan de Oro City

INFORMED ASSENT FORM

Name of the Activity: Advocacy and Campaign Training Workshop

Date and venue of the Activity: February 16-17, 2026 at the VIP Hotel, Velez St. Cagayan de Oro

Purpose of the Activity: *(to be filled up by the organizing team)*

The Advocacy and Campaign Training Workshop aims to strengthen participants' knowledge, skills, and strategies in designing effective advocacy initiatives and impactful campaigns to help curb risks associated with the use of online platforms. The training will have the following key sessions: 1. Digital Safety; 2. Child Rights-Based Advocacy; 3. Developing Advocacy and Campaign Messages; 4. Advocacy Action Planning

Name of the Child:	
Age:	Sex:
That I, <i>(name of child)</i> _____, understand the purpose of the activity, its risk and benefits, and confidentiality. I am willing to participate in the activity and share my opinions and experiences.	
Name and signature of the person obtaining the assent:	Date signed:
Name and signature of the parent/guardian:	Date signed:



Xavier Science Foundation, Inc – KKKK Project

Working with ChildFund Philippines

21 Pabayo St., Barangay 3

9000 Cagayan de Oro City

PARENT'S CONSENT FORM

Name of Community/Organization: City Council for the Protection of Children and Xavier Science Foundation

Name of the Activity: Advocacy and Campaign Training Workshop

Date and venue of the Activity: February 16-17, 2026 at the VIP Hotel, Velez St. Cagayan de Oro

Purpose of the Activity: *(to be filled up by the organizing team)*

The Advocacy and Campaign Training Workshop aims to strengthen participants' knowledge, skills, and strategies in designing effective advocacy initiatives and impactful campaigns to help curb risks associated with the use of online platforms. The training will have the following key sessions: 1. Digital Safety; 2. Child Rights-Based Advocacy; 3. Developing Advocacy and Campaign Messages; 4. Advocacy Action Planning

Name of the Child:		
Age:	Sex:	Nationality:
Sector representing: ☐ Community Child Representative ☐ Indigenous Community ☐ LGBTQIA+ Community ☐ School Representative ☐ Child with disability, <i>specify:</i>		
Home Address:		
Name of Parent/Guardian:		
Contact Number:	Email Address:	
That I, (name) _____, (relationship to the child) _____ of (Name of the child) _____, is allowing to participate in (name of activity) _____ _____ _____ on (date) _____ at (venue) _____.		
Further, I: ☐ Agree ☐ Disagree	To participate in the activity	
☐ Agree ☐ Disagree	Allowed my child to speak publicly and voice out his/her opinions	
☐ Agree ☐ Disagree	Can be photographed and/or video recorded	
Medical conditions of the child (specify):		
Dietary restrictions of the child:		
Name and signature of the parent/guardian:	Date signed:	