



Republic of the Philippines
Department of Education
REGION IX, ZAMBOANGA PENINSULA
SCHOOLS DIVISION OF DAPITAN CITY

Office of the Schools Division Superintendent

25 November 2025

DIVISION MEMORANDUM

No. 783, s. 2025

**LOCALIZED GUIDELINES ON THE CONDUCT AND PARTICIPATION OF
LEARNERS IN CO-CURRICULAR AND EXTRA-CURRICULAR
OFF-CAMPUS ACTIVITIES**

To: Assistant Schools Division Superintendent
Chief Education Supervisor (CID and SGOD)
Public Schools District Supervisors/PICD
This Division

1. The DepEd-Schools Division of Dapitan City recognizes the value of co-curricular and extra-curricular off-campus activities in supplementing and enhancing classroom-based theories and concepts. These activities enrich learner experiences, promote holistic development, and provide practical exposure aligned with curricular objectives.
2. The off-campus activities that will be conducted by DepEd's division, regional, and national offices and by other organizers include, but are not limited to: contests, press conferences, meetings, scouting activities, sports activities, academic activities, skills competitions, and other similar engagements.
3. In light of this, the Schools Division Office (SDO) issues this set of Localized Guidelines to ensure proper planning, safety, security, and meaningful participation of learners in all off-campus activities.
 - 3.1 The safety and security of all participants shall be the top priority in the conduct of and participation in off-campus activities.
 - 3.2 Learner participation shall be supervised by school heads, teachers, coaches, advisers, designated staff, and other concerned stakeholders, as applicable.
 - 3.3 School Heads shall accomplish the Off-Campus Activity Proposal (*Annex A*) and attach the required documents and submit to the



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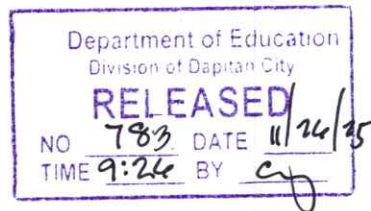
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- Schools Division Office at least 1 month prior to the conduct of the activity.
- 3.4 Safety and security protocols before, during, and after the conduct of activities shall be strictly observed by all involved.
 - 3.5 Schools shall conduct parent/guardian conferences, pre-departure briefings, and other preparatory meetings prior to the activity.
 - 3.6 Parents/guardians shall accomplish the Parent's/Guardian's Consent Form (*Annex B*) and submit the signed form to the designated teacher/adviser as proof that they allow their child/ren to participate in the activity.
 - 3.7 Kindergarten to Grade 3 learners must be accompanied by their parents/guardians during off-campus activities.
 - 3.8 All vehicles used for transporting participants shall be registered with the Department of Transportation (DOTr)/Land Transportation Office (LTO) and the Land Transportation Franchising and Regulatory Board (LTFRB).
 - 3.9 Vehicles shall not be more than 10 years old, reckoned from the year of manufacture as of the scheduled activity date.
 - 3.9 The following documents must be checked for validity:
 - a. Vehicle Registration
 - b. Insurance Coverage
 - c. Professional Driver's License
 - d. Roadworthiness Certificate
 - 3.10 Passenger capacity shall strictly follow the vehicle's seating capacity. Overloading and the use of additional seats in the aisle are strictly prohibited.
 - 3.11 Drivers must possess an updated professional license and be in good medical condition, supported by a health examination within one year prior to the activity.
 - 3.12 On the day of the activity, the school shall inspect the vehicle to ensure that it is in good condition and cross-check both the vehicle and the assigned driver with the pre-identified list.



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- 7 School Heads are also directed to refer to DepEd Order No. 66, s. 2017 titled Implementing Guidelines on the Conduct of Off-Campus Activities.
- 8 Any violations of these guidelines shall be dealt with accordingly, following DepEd's existing policies and disciplinary procedures.
- 9 For strict compliance.


JAY S. MONTEALTO, CESO VI
Schools Division Superintendent *04*



SCHOOL LETTERHEAD

Annex A

OFF-CAMPUS ACTIVITY PROPOSAL

Activity Information		
Name of School:	Division: DAPITAN CITY	
	Region: IX, ZAMBOANGA PENINSULA	
Title of the Activity:	Subject Area:	
Purpose of the Activity:	Proponent:	Activity Head:
Destination/Venue:	Departure Date:	Departure Time:
	Return Date:	Return Time:
Grade Level: <i>(encircle)</i> Kinder 1 2 3 4 5 6 7 8 9 10 11 12	No. of Learners:	
Fund Source:	Budget Estimate: <i>(breakdown if necessary)</i>	
Content of Activity		
Linkage with the ESIP-AIP	Target Key Stage and Educational Competencies (as per K-12 Curriculum Guide)	

Chaperone's Information		
Name	Position/Designation	Contact Number



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For DepEd Initiated Activities			
Name of Person in Charge	Position/Designation	Name of Office/Unit	Contact Number

For Non-DepEd Initiated Activities			
Name of Service Provider	Name of Person in Charge	Position/Designation	Contact Number

Logistical Requirements	
Transportation	Means of Transformation <i>(please indicate vehicles to be used)</i>
	Name of Service Provider <i>(if applicable)</i>
	Contact Details of Service Provider <ul style="list-style-type: none"> • Name: • Contact Number:

Attachments (If applicable):

- () Certified True Copy of Certification by the Department of Tourism (DOT)
- () Certified True Copy of Certification from the Land Transportation, Franchising and Regulatory Board (LTFRB) on the validity and scope of franchise of the tour operator's vehicle/s, if applicable
- () Copy of Registration of Vehicles
- () Copy of the Professional Driver's License and Updated Medical Record
- () Copy of Roadworthiness Certificate
- () Information and Cost of Insurance
- () Indicative Program (including the itinerary of activities)
- () Other expenses that may be incurred
- () Information on the place/s to visit



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Prepared by:

Recommending Approval:

School Head

PSDS/PICD

Approved:

Schools Division Superintendent



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Annex B

PARENT'S/GUARDIAN'S CONSENT FORM

Name of Learner: _____
Date of Birth: _____ **Sex:** _____
Parent's/Guardian's Name: _____
Relationship to Learner: _____
Home Address: _____
Contact Number/s: _____
Title of the Activity: _____
Venue: _____ **Date of Activity:** _____

As the parent / guardian of the abovementioned learner, I hereby acknowledge that I have been informed of the details of the off-campus activity and voluntarily and freely elect to participate in this off-campus activity. Furthermore, I understand the risks associated with an off-campus activity and agree that the rules and the regulations established for the said activity are for the safety and the security of the participants, and thus agree to instruct my child or children to obey them.

Having understood all the aforementioned, I hereby consent to allow my child or children to participate, acknowledging all of the foregoing. I am also solely responsible for the providing insurance and any expenses for my child or children's participation in the activity.

Parent/Guardian's name and Signature

Date

Notes:



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Annex D

ACTIVITY COMPLETION

Title of the Activity:		
Name of Activity Head:	School:	Division:
		Region:
Subject Area:	Date of Activity:	Grade Level:
Target Key Stage and Educational Competencies <i>(as per K-12 Curriculum Guide)</i> :		

Please prepare a narrative report on the recently-conducted off-Campus activity using the following questions as your guide:

Activity:

1. Where and when did the activity take place?
2. Who were involved in the activity?
3. How was the activity conducted?
4. What was the unique educational value in the activity?
5. Was there adequate staff and adult supervision?
6. What problems or challenges were conducted before, during, and after the activity?
7. How can these problems and challenges be overcome in the future?

Learner’s Culminating Activity *(to submitted by the classroom adviser)*

1. How soon after the Off-Campus activity did you have the culminating activity with the learners?
2. Describe briefly how you processed the Off-Campus activity and its relevance to the curriculum, with the learner/s.
3. What were the takeaways of the learners from the Off-campus activity?



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Evaluation

1. Collectively, what were the good things that happened during the Off-Campus activity?
2. Collectively, what were the issues and the concerns encountered by the teachers involved during the entire duration of the trip?

Evaluation of Tour / Service Provider

1. Briefly describe your experience with the services provided by the tour / service provider.
2. What did you like the best and the least from the tour / service provider and its service/s?

Prepared by:

Recommending Approval:

School Head

PSDS/PICD

Approved:

Schools Division Superintendent