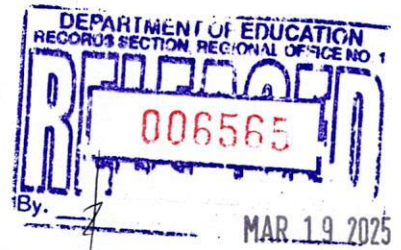




Republic of the Philippines  
**Department of Education**  
 REGION I



REGIONAL MEMORANDUM  
 No. 420, s. 2025

**CLINIQING ACTIVITY FOR THE QUALIFIERS OF THE 2025 NATIONAL  
 SCHOOLS PRESS CONFERENCE**

To: Schools Division Superintendents

1. The Department of Education Regional Office I through the Curriculum and Learning Management Division shall conduct a **Cliniquing Activity for the Qualifiers of the 2025 National Schools Press Conference (NSPC)** on April 2-4, 2025 in Pangasinan. The specific venue will be announced in a separate memorandum.
2. The primary objective of this activity is to elevate the journalistic skills and competencies of the Regional Schools Press Conference (RSPC) winners, equipping them with the necessary tools and knowledge to excel in the upcoming National Schools Press Conference (NSPC).
3. Participants in the activity are the following:
  - a. First Place Winners in Individual Contests
  - b. First Place Winners in Team Contests
  - c. Coaches of First Place Winners in both Individual and Team Contests (limited to one (1) coach per event category)
  - d. Presidents of the Association of School Paper Advisers (Elementary and Secondary)
4. Please refer to Regional Memorandum No. 315, s. 2025 for the list of official NSPC qualifiers. All participants shall register through link on or before March 21, 2025: [tinyurl.com/NSPCDeIR1](http://tinyurl.com/NSPCDeIR1).
5. Learner-participants shall submit to the RTWG during the activity their accomplished parental consent form.
6. Meals and accommodation of the participants shall be charged against the funds downloaded to the Schools Division Office of Pangasinan II, the host SDO. Furthermore, the participants' travel expenses will be downloaded to their respective SDOs. If the actual expenses exceed the downloaded funds, the participants may charge their travel expenses to their local funds or any other available source of funds subject to usual accounting and auditing procedures.
7. Participants are expected to arrive at 8 a.m. on April 2, 2025. The first meal will be breakfast on April 2, 2025 and the last meal provision will be PM snacks on April 4, 2025.
8. School heads are directed to provide utmost academic consideration to learner-participants for any scheduled quizzes and performance/written tasks on the



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


dates of the cliniquing activity. Schools shall implement supportive measures such as flexible deadlines, special assessments, or remedial sessions to ensure their continued academic progress. Additionally, contingency plans should be established to prevent any academic setbacks while allowing them to balance their academic responsibilities and extracurricular commitments effectively.

9. For further queries and/or clarification, please contact the Curriculum and Learning Management Division at email: [clmd.region1@deped.gov.ph](mailto:clmd.region1@deped.gov.ph) or telephone at: (074) 682-2324 loc. 120.

10. Immediate dissemination of this memorandum is desired.

For the Regional Director:

  
**OSCAR P. FLORES**  
Chief Education Supervisor  
Quality Assurance Division  


Encl.: As stated  
Reference: RM No. 315, s. 2025  
To be included in the Perpetual Index  
Under the following subject:

CLINIQUING  
TRAINING  
SESSION

CLMD/jps/jdd/RM\_2025NSPCCliniquing  
March 18, 2025



**PARENTAL CONSENT FORM**

**I. STUDENT INFORMATION**

Name of Student: \_\_\_\_\_

Grade Level/Section: \_\_\_\_\_

School: \_\_\_\_\_

**II. EVENT DETAILS**

Name of Event: Cliniquing Activity for NSPC Qualifiers

Date: April 1-4, 2025

Venue: Pangasinan

**III. CONSENT AND WAIVER**

I, [ \_\_\_\_\_ ], as the parent/legal guardian of \_\_\_\_\_, hereby give my full consent for my child to participate in the above-mentioned event. I understand that reasonable measures have been taken to ensure the safety and well-being of all participants.

I acknowledge that:

1. My child will be under the supervision of the school's designated coaches and chaperones.
2. The event organizers have implemented safety and contingency measures.
3. In the event of an emergency, I authorize the school and event organizers to take necessary actions, including seeking medical treatment if needed.
4. I release the Department of Education, its officials, and the event organizers from any liability arising from unforeseen incidents beyond their control.

**IV. EMERGENCY CONTACT DETAILS**

Primary Contact Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**V. SPECIAL CONCERNS**

( ) My child has medical conditions/allergies. Please specify: \_\_\_\_\_

( ) My child requires special assistance. Please specify: \_\_\_\_\_

( ) My child has dietary restrictions. Please specify: \_\_\_\_\_

**VI. SIGNATURE**

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**VII. SCHOOL ENDORSEMENT**

Certified by:

Name of School Head: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_