

Republic of the Philippines
Department of Education
Region VII, Central Visayas
DIVISION OF TAGBILARAN CITY
City of Tagbilaran



August 25, 2016

MEMORANDUM

**To All School Principals & Cornerstone School Moderators of the following
Schools Implementing the Cornerstone Program:**

Elementary: *Dao Elementary School & Cogon Elementary School*

Secondary: *Dr. Cecilio Putong National HS & Manga National High School*

SUBJECT : CORNERSTONE PROGRAM ORIENTATION

1. Attached please find the schedule of the **Cornerstone Program Orientation** to be conducted in all the identified schools implementing the Cornerstone Program for School Year 2016-2017. The attendance of the program beneficiaries (30 Slow Readers in Grade 2 & 3 and top 30 Student Leaders in Grade 9 per school), parents of the identified beneficiaries, volunteers, school head, school moderator, LGU Officials, CFC Cornerstone Coordinator and Leaders of Couples for Christ in the area are requested to attend.
2. In this regard, all School Moderators of the Cornerstone Program (as appointed by the School Principal) of the identified schools are requested to attend a Meeting on Friday, August 26, 2016 from 1:00pm to 4:00pm in the afternoon at DepED-Bohol Division Office Conference room, New Capitol Site, Tagbilaran City.
3. Please bring a laptop and the following documents/reports, to wit:
 - List of 30 identified tutees/students for SY: 2016-2017 – (refer to the attached format).
 - Cornerstone School Profile in Power Point. (refer to the format attached.)
 - Reports and Pictures/Documentation of the Cornerstone Program Implementation last school year. (List of Tutees, Volunteers, etc.)
4. For further Information regarding the Cornerstone Program, please contact Dr. Beatriz Luga, Chief, SGOD Division DepED- Tagbilaran City.
5. Your cooperation in this worthwhile partnership is hereby appreciated.


VIRGINIA ZAPANTA, Ed.D., CESO V
Schools Division Superintendent

CORNERSTONE PROGRAM ORIENTATION SCHEDULE
School Year 2016-2017
(Elementary)

September 10, 2016 (Saturday)

9:00 AM

Albuquerque CES, Albur	..... Sis. Boyax Caberte
Clarín CES, Clarín	..... Bro. Derie Deligero
Sikatuna CES, Sikatuna	..... Bro. Amit Yu
Jagna CES, Jagna	..... Bro. Neil Balite
Carmen East Central ES	..... Bro. Efren Apalisok
Sto. Nino ES, Talibon	..... Bro. Nito Flores

1:30 PM

Dauis CES, Dauis	..... Sis. Boyax Caberte
Clarín CES, Clarín	..... Bro. Derie Deligero
Maribojoc CES, Anislag	..... Bro. Amit Yu
Bunga Mar ES, Jagna	..... Bro. Neil Balite
Loboc CES, Loboc	..... Bro. Efren Apalisok
PLEBA ES, Talibon	..... Bro. Nito Flores

SEPTEMBER 17, 2016 (Saturday)

9:00 AM

Dao ES, Tagbilaran City	..... Bro. Neil Balite
Calape CES, Calape Bro. Amit Yu

1:30 PM

Cogon ES, Tagbilaran City Neil Balite
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SEPTEMBER 24, 2016 (Saturday)

	Derie Deligero	Neil Balite	Efren Apalisok	Nito Flores	Amit Yu
MORNING 9:00am	Baclayon NHS, Baclayon	DCPNHS, Tagbilaran City	San Roque NHS Albuquerque	San Jose NHS, Talibon	Calape HS, Calape
AFTERNOON 1:30pm	Tabalong NHS, Dauis	Manga NHS, Tagbilaran City	Hinawanan NHS, Loay	PCPGMHS San Agustin	MARTNSF, Calape

OCTOBER 1, 2016 (Saturday)

	Derie Deligero	Neil Balite	Nito Flores	Efren Apalisok
MORNING 9:00am	Inabanga NHS, Nabuad, Inabanga	Guinacot NHS, Guindulman	Alicia TVHS, Alicia	Jagna HS, Bunga Mar, Jagna
AFTERNOON 1:30pm	Katipunan NHS, Carmen	Candijay HS, Candijay	Camambugan NHS, Ubay	Garcia NHS, Canayaon, G-H

Elementary



CORNERSTONE

Couples for Christ Global Mission Foundation - Answering the Cry of the Poor - Ateneo de Manila University

CORNERSTONE MASTERLIST

Name of School :	
Name of Principal:	
Name of Cornerstone School Coordinator:	
Designation	
Telephone Number:	
Cell Number:	
Email Address:	

#	Last Name	First Name	M.I.	Gender	Gr. 2 or 3	Section	BIRTHDATE MM/DD/YYYY	Name of Parent
1								
2								
3								
4								
5								
6								
7								
8								
9								
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30								

SUBMITTED BY (Name and Contact Number):

Junior High School



CORNERSTONE

Couples for Christ Global Mission Foundation - Answering the Cry of the Poor - Ateneo de Manila University

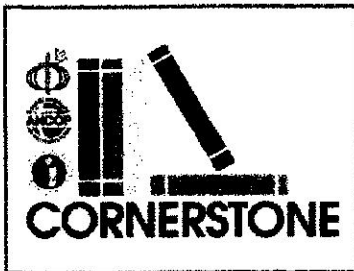
CORNERSTONE MASTERLIST

POSSIBLE. Thank you!

Name of School :	
Name of Principal:	
Name of Cornerstone School Coordinator:	
Designation	
Telephone Number:	
Cell Number:	
Email Address:	

#	Last Name	First Name	M.I.	Gender	Grade Level	Section	Position in Student or Class Council
1					9		
2					9		
3					9		
4					9		
5					9		
6					9		
7					9		
8					9		
9					9		
10					9		
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26					9		
27					9		
28					9		
29					9		
30					9		

SUBMITTED BY (Name and Contact Number):



[SCHOOL NAME]
Historical Background

[SCHOOL NAME]
 CORNERSTONE

[SCHOOL NAME]

Our titles:
 1. [insert name of student] 13. [insert name of student]

[SCHOOL NAME]
 [AREA/SECTOR]

[SCHOOL NAME]
 CORNERSTONE

SCHOOL NAME
School Profile

[SCHOOL NAME]
 CORNERSTONE

[SCHOOL NAME]

Our tutors (and their chapter):
 1. [insert name of tutor/chapter] 12. [insert name of tutor/chapter]

[SCHOOL NAME]
 [AREA/SECTOR]
 Address:
 [Address]
 [print map here]

[SCHOOL NAME]
 [AREA/SECTOR]

[insert photos here, you may copy paste this
 ability for more photos]

[SCHOOL NAME]
 [AREA/SECTOR] DIRECTORY

[please insert names, roles, and their contact nos.]

[SCHOOL NAME]
 CORNERSTONE