



Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OFFICE OF BATAAN

DIVISION MEMORANDUM

MAR 20 2025

No. 41 s. 2025

**IMPLEMENTATION OF PARTICIPANT REPLACEMENT FORM FOR
SEMINARS, TRAININGS AND WORKSHOPS**

To: Assistant Schools Division Superintendent
Chief Education Supervisor
Education Program Supervisors
Public Schools District Supervisors
Public and Private Elementary, Junior, and Senior High School Principals
All Others Concerned

1. In line with the Division's effort to maintain accurate records and ensure proper documentation of all attendees in official seminars, trainings, and workshops, all concerned are hereby reminded of the **strict implementation and use of the Participant Replacement Form** whenever a designated participant is unable to attend the scheduled activity.
2. The Participant Replacement Form serves the following purposes:
 - Provides an official record of the replacement made.
 - Ensures that the replacement participant is duly authorized and informed.
 - Helps the organizers prepare attendance sheets, certificates, and other related documents accurately.
 - Prevents unauthorized attendance in official activities.
3. All School Heads and concerned personnel are directed to accomplish and submit the Replacement Form to the organizing office or secretariat prior to the scheduled activity. Non-compliance may result in the non-recognition of the replacement participant's attendance and exclusion from the issuance of a certificate of participation.
4. Enclosed in this Memorandum is the Replacement Form



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5. Immediate and wide dissemination of this Memorandum is desired.

CAROLINA S. VIOLETA, EdD, CESO V
Schools Division Superintendent *M*

To be included in the Perpetual Index
Under the following headings:

Training/Seminar

SO107/vm



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PARTICIPANT REPLACEMENT FORM

Title of Seminar/Training: _____

Date: _____

Venue: _____

ORIGINAL PARTICIPANT DETAILS

- Name: _____
- Designation/Position: _____
- School/Office: _____
- Contact Number: _____

REPLACEMENT PARTICIPANT DETAILS

- Name: _____
- Designation/Position: _____
- School/Office: _____
- Contact Number: _____

REASON FOR REPLACEMENT:

- Official Business
- Health Reasons
- Personal Matters
- Others (Please specify): _____



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CERTIFICATION

I hereby certify that the above-mentioned participant is officially designated as the replacement for the seminar/training.

(Signature over Printed Name by the School Head/Unit Head)

Designation: _____

Date: _____

Requested by: Original Participant

(Signature over Printed Name)

Designation: _____

Date: _____

Recommending Approval: Proponent of the Seminar

(Signature over Printed Name)

Designation: _____

Date: _____

Approved by:

CAROLINA S. VIOLETA, EdD, CESO V
Schools Division Superintendent

Date: _____

Note: Kindly submit this form to the secretariat or concerned office **prior to the event** for proper documentation and acknowledgment.



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