



Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY

January 2, 2020 ⁰¹ DIVISION OF CAGAYAN DE ORO CITY

RELEASED

DATE: JAN 02 2020

BY: 

MEMORANDUM


TO : Eleanor Consejo H. Rollan
Marife A. Ramos
Jinky Arnejo
Engr. Ely Mamaclay

**PRIVATE SCHOOL OCULAR VISIT FOR THE RENEWAL
OF PERMIT TO OPERATE**

1. You are hereby directed to constitute the evaluation team to conduct ocular visit relative to the application for the renewal of permit to operate of the following private schools:

January 14, 2020 AM	Westshire Academy, Crossing Iponan, Zone 14
PM	Mt. Olive Christian Academy, Barra, Macabalan
January 15, 2020 AM	Foundation of Our Lady of Divine Love School, Bontong, Camaman-an
PM	Niña Maria Learning Center, Inc, 10 th -15 th Sts. Nazareth Subd.

2. Immediate dissemination and compliance to this memorandum is desired.


CHERRY MAE L. LIMBACO
Schools Division Superintendent





Address: Fr. William F. Masterson Ave., Upper Balulang, Cagayan de Oro City
Telephone: (08822)-8550048



Republic of the Philippines
Department of Education
REGION X
DIVISION OF CAGAYAN DE ORO CITY

LOCATOR SLIP

REGION	X
BUREAU/DIVISION/SCHOOL	Division of Cagayan de Oro City
DATE OF FILING	January 2, 2020
NAME	January 14, 2020 AM Eleanor Rollan, Marife Ramos, Engr. Ely Mamaclay January 14, 2020 PM Eleanor Rollan, Jinky Arnejo, Engr. Ely Mamaclay January 15, 2020 Eleanor Rollan, South District PSDS OIC, Engr Ely Mamaclay
PERMANENT STATION	SGOD, CID
POSITION/DESIGNATION	
PURPOSE	To conduct private schools permit to operate reqts
PLEASE CHECK	<input type="checkbox"/> Official Business <input type="checkbox"/> Official Time
DESTINATION	Jan 14, 2020 - Westshire Academy, Iponan Mt Olive Christian Academy, Macabalan Jan 15, 2020 - Foundation of Our Lady of Divine Love School, Camaman-an Niña Maria Learning Center, Nazareth
DATE AND TIME OF ACTIVITY	January 14-15, 2020
 Eleanor Concepcion H. Rollan Signature of Requesting Official/Employee Date: January 2, 2020	Approved:  CHERRY MAE L. LIMBACO Schools Division Superintendent Date: _____

CERTIFICATION

This is to certify that the above employee appeared in this office for the above-mentioned purpose.

Signature over printed name	Position	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

(Note: This portion shall be filled out by the Official/authorized personnel of the office visited)