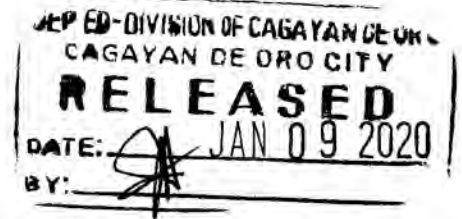




Republic of the Philippines  
DEPARTMENT OF EDUCATION  
Region X - Northern Mindanao  
**DIVISION OF CAGAYAN DE ORO CITY**  
Fr. William F. Masterson, S. J. Avenue, Upper Balulang, Cagayan de Oro City



**DIVISION MEMORANDUM**  
No. 17, s. 2020

**TO: ALL PUBLIC ELEMENTARY SCHOOL ADMINISTRATORS**  
This Division

**FROM:** *fr.* *ML* **CHERRY MAE L. LIMBACO, Ph.D., CESO V**  
Schools Division Superintendent *ML*

**DATE:** January 8, 2019

**SUBJECT: Distribution of Colgate Bright Smile, Bright Future (BSFB) Program Supplies for Pre-school pupils.**  
*(Excluded: Dungoan ES, Kiam-is ES, Magayad ES, Mangalay ES, Pamalihi ES)*

1. You are directed to claim your BSFB supplies at the Medical-Dental Section, Division office on January 10, 2020 for Second Legislative District and January 13, 2020 for First Legislative District.
2. All School Administrators and Preschool Grade Leaders are directed to submit their hard copy of narrative, photo documentation and activity report to the Division Office and email a soft copy at [oralhealth\\_cdoc@yahoo.com](mailto:oralhealth_cdoc@yahoo.com).
3. All Public Elementary Schools with Bright Smile, Bright Future (BSFB) are encouraged to conduct Handwashing and Toothbrushing drill after recess time.
4. Please be guided of the distribution schedule. Deadline for the submission of reports is on January 17, 2019.
5. For immediate dissemination and compliance.



**BRIGHT SMILES, BRIGHT FUTURES PROGRAM**  
An Oral Health Education Program (2019-2020)

**SCHOOL DISTRIBUTION FORM TO BE FILLED AFTER DISTRIBUTION TO KINDER PUPILS**

BSBF Boxes Received From: \_\_\_\_\_  
PLEASE PRINT Name & Position of DepEd Division representative who distributed goods

Name of Region and Division: \_\_\_\_\_

Date and Time Received: \_\_\_\_\_

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

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

Name of Principal/School Head: \_\_\_\_\_

Landline / Mobile / Email: \_\_\_\_\_

Total Number of Kinder Pupils in your school	TOOTHBRUSHES			TOOTHPASTES		
	QTY Indicated in the Box	QTY Received (Your Actual Count)	Number missing if any?	QTY Indicated in the Box	QTY Received (Your Actual Count)	Number missing if any?

**NGO / Parent's Association Witness of Distribution to Kindergarten Pupils**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Organization: \_\_\_\_\_

Landline / Mobile / Email: \_\_\_\_\_

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

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

**Remarks / Suggestions on BSBF Program:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Once completed, kindly attach the list of kinder pupil recipients of Colgate toothbrushes and toothpastes and a photo documentation (optional). Email at [bsbfphilippines@gmail.com](mailto:bsbfphilippines@gmail.com) within one week after receipt of BSBF BOXES.**

**THANK YOU!!**

**For inquiries / concerns please call BSBF Monitoring TEAM at / 0966-2367381 FOR GLOBE / 0949-8154995 FOR SMART or email at [bsbfphilippines@gmail.com](mailto:bsbfphilippines@gmail.com)**