

Advisory No. 070, s. 2026

September 23, 2026

In compliance with DepEd Order (DO) No. 8, s. 2013
this advisory is issued not for endorsement per DO 28, s. 2001,
but only for the information of DepEd officials,
personnel/staff, as well as the concerned public.
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**INVITATION TO PHILIPPINE SCIENCE HIGH SCHOOL-SOCCSKSARGEN
REGION CAMPUS SCI-MATH BATTLE 2026**

Pursuant to the PSHSS Sci-Math Battle 2026, the Philippine Science High School-SOCCSKSARGEN Region Campus (PSHS-SRC) in Koronadal City will host the 2026 Regional Sci-Math Battle.

In line with its mandate to promote science and technology in the region, the activity aims to strengthen learners' knowledge and skills in Science and Mathematics while fostering their interest in STEM.

The key event details are as follows:

Participants	Grade 6 pupils representing three (3) public/private schools from each Schools Division in Region XII. Each team shall consist of two (2) Grade 6 pupils, accompanied by one (1) official coach. Participants are required to wear their school uniform and identification card (ID).
Venue	PSHS-SRC in Koronadal City, Brgy. Paraiso, City of Koronadal
Event Date	October 17, 2026 (Saturday)
Registration Link	https://tinyurl.com/R12SciMathBattle2026REG
Event Guidelines and Mechanics	https://tinyurl.com/R12SciMathBattle2026Guide
Contact Person	Ms. Sheena Dawn V. Ferraren Email Address: sddvillanueva@src.pshs.edu.ph



Republic of the Philippines

PHILIPPINE SCIENCE HIGH SCHOOL
SOCCSKSARGEN REGION CAMPUS IN KORONADAL CITY
DEPARTMENT OF SCIENCE AND TECHNOLOGY
OneDOST4U: Solutions and Opportunities for All



SCI-MATH BATTLE 2026
October 17, 2026 (Saturday)
PSHS-SRC in KC, RHUB AVR

TIME	ACTIVITY	PERSON INVOLVED
7:30AM - 8:00AM	Registration	Organizers, Coaches, Parents and Participants
8:00AM - 8:05AM	Countdown with SCI-MATH Battle Logo Reveal	Video Presentation
8:06AM - 8:10AM	Opening Salvo	SAOT Club
8:11AM - 8:20AM	Introduction of Participants through Video Presentation	Video Presentation
8:21AM - 8:30AM	Preliminaries	Video Presentation
8:31AM - 8:35AM	Welcome Address	Rochelle T. Papasin, PhD Campus Director PSHS-SRC in Koronadal City
8:36AM - 8:40AM	Message of Encouragement	Atty. Alberto T. Escobarte, CESO II Regional Director Department of Education, Region XII
8:41AM - 8:45AM	Presentation of the Guidelines and Mechanics	Emcee
8:45AM - 8:50AM	Presentation of the Judges and Tabulators	Emcee
8:51AM - 8:55AM	Presentation of the Quiz Masters	Voice Over
8:51AM - 10:10AM	Quiz Show	Quiz Masters and Participants
	**Elimination Round	
	**Moderate Round	
10:11AM - 10:15AM	Intermission	Chorale Club - Representative
10:16AM - 10:20AM	Presentation of the Participants' Scores and who will proceed to the next round	Quiz Masters
10:21AM - 11:20AM	Quiz Show	Quiz Masters and Participants
	**Final Round	
	**Tie Breaker Round	
11:21AM - 11:25AM	Intermission	SAOT
11:26AM - 11:30AM	NCE Promotional Video	Video Presentation
11:30AM - 11:40AM	Awarding of Certificates of Participation	Participating Schools, Coaches and Participants
11:41AM - 11:50AM	Declaration of Winners	Participants
11:51AM - 11:55AM	PSHS Hymn	Video Presentation
11:56AM - 12:00NN	Closing Spiel	Emcee



PARENTAL CONSENT, WAIVER, AND LIABILITY RELEASE FORM

Region XII Sci-Math Battle 2026

I/We, the undersigned parent/guardian, hereby give my/our consent for my/our child to participate in the **Region XII Sci-Math Battle 2026**, hosted by the **Philippine Science High School - SOCCSKSARGEN Region Campus (PSHS-SRC)** in Koronadal City, including the competition proper, orientations, and other officially related activities.

I/We understand that participation may involve travel to and from the venue, interaction with other participants and school personnel, and participation in academic and related activities.

1. PARENTAL CONSENT

I/We authorize my/our child to participate in the event and to comply with its **rules, schedule, safety protocols, and reasonable instructions** from event organizers, school personnel, coaches/chaperones, and authorized representatives. I/We understand that my/our child is expected to observe proper conduct and respect the policies of the host campus.

2. HEALTH AND EMERGENCY AUTHORIZATION

I/We certify that, to the best of my/our knowledge, my/our child is capable of participating in the event and will disclose any relevant **health condition, allergy, medication, or special consideration** that may affect safe participation.

In case of illness, injury, accident, or other emergency, I/we authorize the organizers, school personnel, designated first-aid personnel, or responsible adults to provide or arrange **reasonable first aid, emergency assistance, referral, or transport to an appropriate medical facility**, when necessary.

I/We understand that reasonable efforts will be made to contact me/us or the designated emergency contact.

3. ASSUMPTION OF ORDINARY RISKS

I/We understand that participation may involve ordinary and reasonably foreseeable risks associated with **travel, movement within the venue, interaction with others, use of facilities/equipment, and participation in event activities**. I/We acknowledge these risks and agree that my/our child will follow all applicable safety instructions and regulations.

4. WAIVER AND LIABILITY RELEASE

To the extent permitted by law, I/we agree not to hold **PSHSS, PSHS-SRC, their officials, employees, authorized representatives, event organizers, and volunteers** liable for claims arising from ordinary and reasonably foreseeable risks of participation, provided that reasonable safety measures and applicable policies have been observed.

This waiver does not apply to liability arising from **gross negligence, willful misconduct, or other acts or omissions that cannot lawfully be waived or excluded**.

5. TRAVEL AND PERSONAL BELONGINGS

I/We understand that transportation to and from the event shall be the responsibility of the **participating school, parent/guardian, or authorized accompanying adult**, unless transportation is expressly provided or arranged by the organizers.

My/our child is also responsible for taking reasonable care of personal belongings brought to the event.

6. MEDIA, NAME, LIKENESS, AND STATEMENTS CONSENT

I/We authorize the **Philippine Science High School System (PSHSS), PSHS-SRC, and their authorized representatives** to photograph, record, reproduce, publish, display, distribute, and otherwise use my/our child's **photographs, video and audio recordings, name, likeness, and relevant statements** made in connection with the Regional SciMath Battle 2026.



These materials may be used for **official educational, informational, documentation, and promotional purposes**, including the promotion of the **Region XII Sci-Math Battle, National Competitive Examination (NCE), and other official PSHSS/PSHS-SRC programs and activities**, through official websites, social media, publications, reports, presentations, news releases, and other official communication channels.

I/We understand that such materials may be edited or combined with other content for legitimate official purposes and that **no additional compensation will be provided** for their use.

7. DATA PRIVACY COMPLIANCE (RA 10173)

In accordance with the Philippine Data Privacy Act of 2012 (Republic Act No. 10173), I/we explicitly consent to the collection, processing, use, and retention of our personal and sensitive personal data (including names, contact details, school affiliation, and disclosed health conditions) strictly for the management, coordination, verification, and official documentation of the Region XII Sci-Math Battle 2026.

8. ACKNOWLEDGMENT AND CONSENT

By signing below, I/We confirm that I/we have **read and understood this form, voluntarily consent to my/our child's participation, acknowledge the ordinary risks involved, authorize emergency assistance and the stated use of media materials, and agree to comply with its terms.**

This consent applies to the **Region XII Sci-Math Battle 2026 and its officially related activities.**

Details / Particulars	Participant 1	Participant 2
Full Name of Participant (First Name M.I. Last Name)		
Signature of Participant		
Full Name of Parent/Guardian (First Name M.I. Last Name)		
Signature of Parent/Guardian		
Parent/Guardian Contact No.		
Date Signed (mm/dd/yyyy)		

9. EMERGENCY CONTACT AND RELEVANT MEDICAL CONDITIONS

Alternative Emergency Contact (Name&Number)		
Relevant Medical Conditions / Allergies / Medications		

10. PARTICIPATING SCHOOL / COACH ACKNOWLEDGMENT

Signature over Printed Name of Official
Coach/Mentor

Contact No

Date Signed (mm/dd/yyyy)

School: _____

Note: Each participating team shall submit **one signed scanned copy** of this form through the official registration portal. The Official Coach/Mentor shall ensure that the form is complete and shall be responsible for its submission. The original signed copy may be retained by the participating school or presented to the event organizers when required.