



Republic of the Philippines  
**Department of Education**  
REGION IV-A CALABARZON  
**SCHOOLS DIVISION OF BATANGAS**

29 Sept 2025

**DIVISION MEMORANDUM**

**No. 571, s. 2025**

**DEPARTMENT OF EDUCATION AND COLGATE BRIGHT SMILE, BRIGHT FUTURES PROGRAM DISTRIBUTION OF ORAL HEALTH BUNDLES TO KINDERGARTEN AND GRADE 1 PUPILS IN PUBLIC ELEMENTARY SCHOOLS**

**TO:** Assistant Schools Division Superintendents  
Chief- Curriculum Implementation Division (CID)  
Chief- School Governance and Operations Division (SGOD)  
Education Program Supervisors  
Public Schools District Supervisors  
Public Elementary and Secondary School Heads  
All Others Concerned

1. Bright Smiles, Bright Futures Program for School Year 2025-2026 is a joint program of Department of Education and Colgate- Palmolive Philippines Inc. that promotes oral health by distributing toothbrushes and toothpastes to all Kindergarten and Grade 1 pupils of public schools in this Division.
2. In line with this, all sub-offices are advised to pick up the BSBF Bundles to the Division School Health Section. They are also required to bring vehicle and one (1) manpower to assist the property custodian to efficiently facilitate the distribution of the supplies.
3. Kindly refer to the schedule below for the distribution.

AREA	DATE	TIME
I & II	October 08, 2025 MORNING	7:00 – 12:00 PM
III & IV	October 08, 2025 AFTERNOON	1:00 – 5:00 PM

4. The BSBF kits received are to be temporarily held at the clinics or offices of the district or sub-offices for safekeeping. **Distribution to individual schools will commence on November 2025**, with the National Children's Month celebration. The designated dentist at each sub-office will oversee and facilitate the transfer of kits from the district office to the respective schools and will be responsible in filling-up the Division Monitoring Form (See Attachment 1)



**Address:** Provincial Sports Complex, Bolbok, 4200 Batangas City  
**Telephone:** (043) 722-1840 / 722-1796  
**Email Address:** deped.batangas@deped.gov.ph  
**Website:** www.depedbatangas.com



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5. After distribution, school heads are required to accomplish the SCHOOL DISTRIBUTION FORM (See Attachment 3) and to be consolidated in the sub office. Once accomplished it must be submitted to the Division Dentists assigned in their respective sub offices.

6. Teachers implementing the program are asked to provide a brief narrative report accompanied by photographic evidence of the activities. Email the report including the School Distribution Form to [bsbfphilippines@bsbfphils.com](mailto:bsbfphilippines@bsbfphils.com) in the following format:

Subject: BSBF 2025 Program Report - (Name of Division)

Email Body:

Name of School

Address

Contact Details


Name of Teachers Implementing the activities

Name of School Head

7. Soft copy of attachments are available for download in this link <https://drive.google.com/drive/folders/1yoLHzTzYsrp7kq6f3AkFWw64swchuvJw?usp=sharing>

8. For your concerns, you may contact Dr. Harris M. Medrano, Dentist II and your dentist-in-charge of each sub-office through e-mail at [sdobatangas.health@deped.gov.ph](mailto:sdobatangas.health@deped.gov.ph).

9. Immediate and wide dissemination of this memorandum is earnestly desired.

  
**MARITES A. IBANEZ, CESO V**  
Schools Division Superintendent

Encl: As Stated

To be indicated in the Perpetual Index under the following subject:

Issuances: Division Memorandum

SHN - DM - DEPARTMENT OF EDUCATION AND COLGATE BRIGHT SMILE, BRIGHT FUTURES PROGRAM  
DISTRIBUTION OF ORAL HEALTH BUNDLES TO KINDERGARTEN AND GRADE 1 PUPILS IN PUBLIC ELEMENTARY  
SCHOOLS/S2-112198/ 29092025



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Attachment 1

Doc Updated: June 2025

Division Monitoring Form Page 2 of 2 (Completed between School Dentists and School Principal / Representative)

Directions: This form is to be accomplished by School Principal / Representative once BSDF Boxes are received by the schools.

Region \_\_\_\_\_

Division \_\_\_\_\_

	SCHOOL DATA / INFORMATION					# of Boxes Given to Schools	TOOTHBRUSHES			TOOTHPASTES			DETAILS ON THE RECEIPT AND DISTRIBUTION OF ORAL HEALTH KITS			
	School Name	School Address	School Principal	Landline / Mobile / Email	KINDER Population		QTY Indicated in the Box	ACTUAL QTY Given	Number missing if any?	QTY Indicated in the Box	ACTUAL QTY Given	Number missing if any?	Name of School Head or Authorized Representative who received packages	Landline / Mobile / Email	Date Received	Certified true and correct (Please affix Signature of School Head / Head)
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																



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Attachment2

Doc Updated: June 2025

PLEASE PRINT IN LEGAL SIZE PAPER

Division Monitoring Form Page 2 of 2 (Completed between School Dentists and School Principal / Representative)

Directions: This form is to be accomplished by School Principal / Representative once BSBF Boxes are received by the schools.

Region \_\_\_\_\_

Division \_\_\_\_\_

SCHOOL DATA / INFORMATION						TOOTHBRUSHES			TOOTHPASTES			DETAILS ON THE RECEIPT AND DISTRIBUTION OF ORAL HEALTH KITS				
	School Name	School Address	School Principal	Landline / Mobile / Email	GRADE 3 Population	# of Boxes Given to Schools	QTY Indicated in the Box	ACTUAL QTY Given	Number missing if any?	QTY Indicated in the Box	ACTUAL QTY Given	Number missing if any?	Name of School Head or Authorized Representative who received packages	Landline / Mobile / Email	Date Received	Certified true and correct. (Please affix Signature of School Head / Rep.)
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																



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Attachment 3

**SCHOOL DISTRIBUTION FORM (To be Completed by School Head)**

Doc Updated: April 2024



**BRIGHT SMILES, BRIGHT FUTURES PROGRAM**  
An Oral Health Education Program (2024-2025)

**SCHOOL DISTRIBUTION FORM TO BE FILLED AFTER DISTRIBUTION TO KINDERGARTEN/GRADE I LEARNERS**

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 No.:

Email:

Total Number of 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?
KINDERGARTEN						
GRADE I						

**Witnessed and Signed by:**

Name of Dentist:

Signature:

Date:

Please ensure that all details are fully completed. Once accomplished please scan and email to [bsbfphilippines@bsbfphils.com](mailto:bsbfphilippines@bsbfphils.com) and attach a photo (optional) for internal audit purposes. Email at [bsbfphilippines@bsbfphils.com](mailto:bsbfphilippines@bsbfphils.com) within one week after receipt of the BSBF BOXES. After submitting the documents through email, Hard copy must be submitted to Division Dentists for filing purposes.

**THANK YOU!!**

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