**De La Salle**

**Santiago Zobel School**

## Ayala Alabang Village, Muntinlupa City

# PARENTAL CONSENT FORM

***(Please accomplish in duplicate)***

Objectives of the Activity : :

Nature of Activity :

Place(s) of Activity/ies :

Inclusive Date/s of Activity :

Assembly Time: Assembly Venue:

Departure Time: Expected Time & Venue of Arrival:

Groups/Clubs involved:

Number of students going:

Person-in-Charge of the Activity:

Adult Leader and contact number: (Please affix signature/s beside name/s)

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**I have read the details of the activity and I hereby permit my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Grade/Year & Sec) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to join.**

We are aware of the benefits that our son/daughter will derive from his/her participation in this activity and the diligence to be exercised by the teachers/leaders thereof to ensure his/her safety during the activity. We are also expected to make sure that our child comes on time for the assembly.

SIGNATURE OF PARENT/GUARDIAN (as it appears in the school records/documents):

PRINTED NAME OF PARENT/GUARDIAN :

RELATIONSHIP TO STUDENT :

ADDRESS :

CONTACT NUMBERS: Landline (Home) :

(Office) :

Mobile number/s :

SIGNATURE VERIFIED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE VERIFIED: \_\_\_\_\_\_\_\_\_\_\_

DESIGNATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_