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Fides et Servitium!

PARENT/GUARDIAN CONSENT FORM

participate in an out-of-classroom activity. The activity will be held a	will
(1, 1)	nt
(location) on (date) from (time).	
It is our hope that you will have no objection to this procedure and give you permission to join in the out-of-classroom activity.	our son/daughter/ward
We assure you that due care and supervision will be exercised teacher/moderator/adviser.	by the undersigned
Thank you so much for your continued support and cooperation for the best	interest of our student.
BONIEVE D. MART	INEZ, MPsy
Teacher/Moderator/Adviser Unit Head, OSA	
Date Dear Teacher Of:	
(Name of Student)	
Thombry and normalistics of may any /december of the second to second the second to th	
I hereby grant permission of my son/daughter/ward to participate in an out- to be held at on	•
	gulations of the school

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