



PARENT INFORMATION LETTER & CONSENT SLIP

Event: **FILM SHOWING**

Film Title: **SONG OF FIREFLIES**

Date: **SEPTEMBER 17–18, 2025**

Time: **10:00 AM – 12:00 NN**

Venue: **SM DASMARIÑAS - CINEMA NO. 1-3**

ABOUT THE FILM

Song of Fireflies is a family-friendly and values-oriented film that highlights resilience, hope, and compassion. It is designed to inspire students about the importance of perseverance, unity, and making good moral choices. The film has been screened by the school to ensure it is age-appropriate and educational.

IMPORTANT NOTES AND SAFETY GUIDELINES

- The **film showing is free of charge.**
- The **only expense is the student's transportation**, which should be handled and provided by the student.
- Students are encouraged to **travel in groups for safety.**
- **Faculty and school staff will be present at the venue to provide supervision and guidance.**
- **Parents/guardians are encouraged to remind their children about safety, proper behavior, and discipline during the event.**
- Emergency contact numbers of the school will be available on the day of the activity.

We kindly request your approval by completing and returning the detachable Consent Slip below.

CONSENT SLIP

Student's Name:	
Batch:	
Program & Section:	
Cinema Number:	

I, the undersigned parent/guardian of the above-named student, hereby give my decision regarding his/her participation in the scheduled film showing.

- ☐ Approved – I allow my child to join the film showing.
- ☐ Not Approved – I do not allow my child to join the film showing.

Reason (if not approved):

Signature : _____

Parent/Guardian's Name: _____

Contact Number: _____

Date: _____