*FORM No. 001*

**PARENTAL CONSENT FORM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parents and Guardians,

Good day!

We would like to inform you that your son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is a

(STUDENTS’ NAME)

Member/student of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COLLEGE OF COMPUTER STUDIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_will participate in the

(ORGANIZATION / COURSE)

\_\_\_\_\_­­­­­­­­­­­\_ ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_13th IT Skills Olympics\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at (EVENT: e.g. Seminar/Training/Field Trip) \_\_\_\_\_\_\_UNIVERSITY OF MAKATI\_\_\_\_ on \_\_\_NOVEMBER 22, 2024 – 5:00 A.M. TO 6:30 P.M.\_\_\_ . PLACE / VENUE) (DATE/TIME: From - To)

Kindly accomplish the form hereunder and send this back to us on or before \_\_\_ \_\_ NOVEMBER 4 , 2024\_\_\_\_\_\_\_\_\_\_

(DATE)

To let us know that you are giving your son/daughter the consent /permission to join the above mentioned activity.

Thank you very much.

Sincerely yours,

**Ms. ERMELYN M. GUAN**

*Director, Office of Student Affairs*

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(Return Copy)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dear Ms. Guan,**

This is to inform you that I have given my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a member of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_COLLEGE OF COMPUTER STUDIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the permission to participate on the \_\_\_\_\_13TH IT SKILLS OLYMPICS\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_NOVEMBER 22, 2024 – 5:00 A.M. TO 6:30 P.M.\_\_ at the \_\_\_UNIVERSITY OF MAKATI\_\_\_\_.

I am aware that there are school coordinators, faculties and personnel who will accompany the students, and who will take all the necessary precautions to keep them safe. However, given all efforts, reminders, and warnings by the teachers and school authorities, Lyceum of Alabang shall not be liable for any damage and/or lost of property and/or bodily injury due to violation, fault, negligence of my child as well as thus brought about by any fortuitous event or unexpected incident beyond the control of the teachers and school authorities.

**Attached is a photocopy of my ID with signature for your reference.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIANS’ NAME DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE CONTACT NUMBER**