REPUBLIC OF THE PHILIPPINES) s.s.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**AFFIDAVIT OF PARENTAL CONSENT**

VIRGILIO P. DELA CRUZ

I, **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** of legal age, Filipino with residence at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, after having been duly sworn in accordance with law, hereby depose and say that:

BLOCK 9 LOT 3 FRANCHISE STREET, BIR VILLAGE, BRGY. SAUYO, QUEZON CITY

ARVIN JOSEPH V. DELA CRUZ

1. I am the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is a student of the Institute of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the University of Santo Tomas (UST) pursuing a degree in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY

INFORMATION AND COMPUTING SCIENCES

EDUCATIONAL FIELD TRIP

2. I am aware that my child will join \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ activity sponsored by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and endorsed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at:

THE MARVELS OF TRAVEL

INSTITUTE OF INFORMATION AND COMPUTING SCIENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Activity | Address | Starting On | Ending On |
| EDUCATIONAL FIELD TRIP | SOUTH KOREA | APRIL 08, 2019 | APRIL 12, 2019 |
|  |  |  |  |
|  |  |  |  |

3. I have advised my child to take the necessary precaution to avoid or get involved in any incident that could cause loss, damage or injury to his person or that of another;

4. I understand that it is my responsibility to fully ascertain, if necessary, with the help of a medical professional the physical and mental fitness of my child to join such activity;

5. I certify that my child is healthy or free from any medical condition that may be exacerbated or aggravated by his participation in such an activity. Should my child be suffering from any medical condition that may be exacerbated or aggravated by participating in such activity, I commit to report the same in writing to the faculty coordinator;

6. I have advised my child to strictly observe UST’s and the Institution’s rules on security, confidentiality of business information or other regulations in relation to the said training;

7. I understand the nature of the activity and I hereby give my consent and permission for my child to join or participate in the said activity;

8. I are executing this affidavit in compliance with the requirements of the Commission on Higher Education.

IN WITNESS WHEREOF, I have hereunto set my hands this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Father Mother

Affiant Affiant

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

Student

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, affiant/s exhibited to me his/her/their Government I.D. Nos. \_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_ issued by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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