**Parent Consent Slip**

Date**: February 06, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student:  **TM Students** | Year and Section  **BS Tourism Management** | | Department**/**College/School/RSO/Office  **CHTM** |
| ACTIVITY:  **Tourism Cares: Extending Arms, Connecting Hearts** | | Date and Time:  **February 22, 2024**  **8:00 AM – 12:00 NN** | |
| ATTIRE:  **Decent Clothing Attire with School ID** | | VENUE:  **Children’s Joy Foundation Inc., Bagtikan St., Greenville Subdivision, San Jose, CSFP.** | |
| Adviser: | | Teacher/s-in-charge:  **Sr. Marissa Y. Figueroa, OP , Mr. NJ S. Garcia** | |

Sincerely yours, Noted By:

**Sr. Marissa Y. Figueroa, OP Mrs. Precious Bernadette D. Estrada**

Director, Community Extension Office Director, Office of the Student Affairs

**Noted and received letter: Tourism Cares: Extending Arms, Connecting Hearts. February 22, 2024, 8:00 AM – 12:00 NN. Children’s Joy Foundation Inc., Bagtikan St., Greenville Subdivision, San Jose, CSFP**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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

Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: February 06, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student:  **TM Students** | Year and Section  **BS Tourism Management** | | Department**/**College/School/RSO/Office  **CHTM** |
| ACTIVITY:  **Tourism Cares: Extending Arms, Connecting Hearts** | | Date and Time:  **February 22, 2024**  **8:00 AM – 12:00 NN** | |
| ATTIRE:  **Decent Clothing Attire with School ID** | | VENUE:  **Children’s Joy Foundation Inc., Bagtikan St., Greenville Subdivision, San Jose, CSFP.** | |
| Adviser: | | Teacher/s-in-charge:  **Sr. Marissa Y. Figueroa, OP , Mr. NJ S. Garcia** | |

Sincerely yours, Noted By:

**Sr. Marissa Y. Figueroa, OP Mrs. Precious Bernadette D. Estrada**

Director, Community Extension Office Director, Office of the Student Affairs

**Noted and received letter: Tourism Cares: Extending Arms, Connecting Hearts. February 22, 2024, 8:00 AM – 12:00 NN. Children’s Joy Foundation Inc., Bagtikan St., Greenville Subdivision, San Jose, CSFP**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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

Name of Student / Date Year and Section Parent’s Signature over Printed NAME

Date **February 06, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section  **BS Criminology** | | Department**/**College/School/RSO/Office  **School of Arts and Sciences (SAS)** |
| ACTIVITY:  **Educational Tour** | | Date and Time:  **February 22, 2024**  **8:00 AM – 12:00 NN** | |
| ATTIRE:  **UA Criminology Sublimation Shirt, Tactical Pants** | | VENUE:  **PNP Forensic Group Crime Laboratory and PNP Museum, Camp Crame, Quezon City, Metro Manila** | |
| Adviser: | | Teacher/s-in-charge:  **Mr. Reynold G. Andres, RCrim, MSCJ, CSP** | |

Sincerely yours, Noted By:

**Edna R. Calma, RGC, RPsy, RPm, PhD Mrs. Precious Bernadette D. Estrada**

Dean, School of Arts and Sciences Director, Office of the Student Affairs

**Noted and received letter: Educational Tour. February 22, 2024, 8:00 AM – 12:00 NN. PNP Forensic Group Crime Laboratory and PNP Museum, Camp Crame, Quezon City, Metro Manila**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: February 07, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section  **BSN 4A** | | Department**/**College/School/RSO/Office  **College of Nursing and Pharmacy (CONP)** |
| ACTIVITY:  **Related Learning Exposure (Psychiatric Nursing)** | | Date and Time:  **February 22-24, 2024**  **7:00 AM – 3:00 PM** | |
| ATTIRE: | | VENUE:  **Shelter of Goodwill Health Services,** **Sta. Cruz, Magalang, Pampanga** | |
| Adviser: | | Teacher/s-in-charge:  **Mrs. Aurora R. Valencia, RN, MAN, LPT** | |

Sincerely yours, Noted By:

**Mrs. Anele C. Mallari, RN, MAN, LPT Mrs. Precious Bernadette D. Estrada**

Dean, College of Nursing and Pharmacy Director, Office of the Student Affairs

**Noted and received letter: Related Learning Exposure. February 22-24, 2024, 7:00 AM – 3:00 PM. Shelter of Goodwill Health Services, Sta. Cruz, Magalang, Pampanga**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: February 07, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section  **BSN 4A** | | Department**/**College/School/RSO/Office  **College of Nursing and Pharmacy (CONP)** |
| ACTIVITY:  **Related Learning Exposure (Psychiatric Nursing)** | | Date and Time:  **February 22-24, 2024**  **7:00 AM – 3:00 PM** | |
| ATTIRE: | | VENUE:  **Shelter of Goodwill Health Services,** **Sta. Cruz, Magalang, Pampanga** | |
| Adviser: | | Teacher/s-in-charge:  **Mrs. Aurora R. Valencia, RN, MAN, LPT** | |

Sincerely yours, Noted By:

**Mrs. Anele C. Mallari, RN, MAN, LPT Mrs. Precious Bernadette D. Estrada**

Dean, College of Nursing and Pharmacy Director, Office of the Student Affairs

**Noted and received letter: Related Learning Exposure. February 22-24, 2024, 7:00 AM – 3:00 PM. Shelter of Goodwill Health Services, Sta. Cruz, Magalang, Pampanga**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: February 07, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section  **BSN 4B** | | Department**/**College/School/RSO/Office  **College of Nursing and Pharmacy (CONP)** |
| ACTIVITY:  **Related Learning Exposure (Psychiatric Nursing)** | | Date and Time:  **February 15-17, 2024**  **7:00 AM – 3:00 PM** | |
| ATTIRE: | | VENUE:  **Shelter of Goodwill Health Services,** **Sta. Cruz, Magalang, Pampanga** | |
| Adviser: | | Teacher/s-in-charge:  **Mrs. Aurora R. Valencia, RN, MAN, LPT** | |

Sincerely yours, Noted By:

**Mrs. Anele C. Mallari, RN, MAN, LPT Mrs. Precious Bernadette D. Estrada**

Dean, College of Nursing and Pharmacy Director, Office of the Student Affairs

**Noted and received letter: Related Learning Exposure. February 15-17, 2024, 7:00 AM – 3:00 PM. Shelter of Goodwill Health Services, Sta. Cruz, Magalang, Pampanga**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: February 07, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section  **BSN 4B** | | Department**/**College/School/RSO/Office  **College of Nursing and Pharmacy (CONP)** |
| ACTIVITY:  **Related Learning Exposure (Psychiatric Nursing)** | | Date and Time:  **February 15-17, 2024**  **7:00 AM – 3:00 PM** | |
| ATTIRE: | | VENUE:  **Shelter of Goodwill Health Services,** **Sta. Cruz, Magalang, Pampanga** | |
| Adviser: | | Teacher/s-in-charge:  **Mrs. Aurora R. Valencia, RN, MAN, LPT** | |

Sincerely yours, Noted By:

**Mrs. Anele C. Mallari, RN, MAN, LPT Mrs. Precious Bernadette D. Estrada**

Dean, College of Nursing and Pharmacy Director, Office of the Student Affairs

**Noted and received letter: Related Learning Exposure. February 15-17, 2024, 7:00 AM – 3:00 PM. Shelter of Goodwill Health Services, Sta. Cruz, Magalang, Pampanga**

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: February 07, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section  **BSN 3A** | | Department**/**College/School/RSO/Office  **College of Nursing and Pharmacy (CONP)** |
| ACTIVITY:  **Related Learning Exposure (Psychiatric Nursing)** | | Date and Time:  **March 11-13, 2024**  **7:00 AM – 3:00 PM** | |
| ATTIRE: | | VENUE:  **Shelter of Goodwill Health Services,** **Sta. Cruz, Magalang, Pampanga** | |
| Adviser: | | Teacher/s-in-charge:  **Mrs. Aurora R. Valencia, RN, MAN, LPT** | |

Sincerely yours, Noted By:

**Mrs. Anele C. Mallari, RN, MAN, LPT Mrs. Precious Bernadette D. Estrada**

Dean, College of Nursing and Pharmacy Director, Office of the Student Affairs

**Noted and received letter: Related Learning Exposure. March 11-13, 2024, 7:00 AM – 3:00 PM. Shelter of Goodwill Health Services, Sta. Cruz, Magalang, Pampanga**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: February 07, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section  **BSN 3A** | | Department**/**College/School/RSO/Office  **College of Nursing and Pharmacy (CONP)** |
| ACTIVITY:  **Related Learning Exposure (Psychiatric Nursing)** | | Date and Time:  **March 11-13, 2024**  **7:00 AM – 3:00 PM** | |
| ATTIRE: | | VENUE:  **Shelter of Goodwill Health Services,** **Sta. Cruz, Magalang, Pampanga** | |
| Adviser: | | Teacher/s-in-charge:  **Mrs. Aurora R. Valencia, RN, MAN, LPT** | |

Sincerely yours, Noted By:

**Mrs. Anele C. Mallari, RN, MAN, LPT Mrs. Precious Bernadette D. Estrada**

Dean, College of Nursing and Pharmacy Director, Office of the Student Affairs

**Noted and received letter: Related Learning Exposure. March 11-13, 2024, 7:00 AM – 3:00 PM. Shelter of Goodwill Health Services, Sta. Cruz, Magalang, Pampanga**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: February 07, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section  **BSN 3B** | | Department**/**College/School/RSO/Office  **College of Nursing and Pharmacy (CONP)** |
| ACTIVITY:  **Related Learning Exposure (Psychiatric Nursing)** | | Date and Time:  **March 18-20, 2024**  **7:00 AM – 3:00 PM** | |
| ATTIRE: | | VENUE:  **Shelter of Goodwill Health Services,** **Sta. Cruz, Magalang, Pampanga** | |
| Adviser: | | Teacher/s-in-charge:  **Mrs. Aurora R. Valencia, RN, MAN, LPT** | |

Sincerely yours, Noted By:

**Mrs. Anele C. Mallari, RN, MAN, LPT Mrs. Precious Bernadette D. Estrada**

Dean, College of Nursing and Pharmacy Director, Office of the Student Affairs

**Noted and received letter: Related Learning Exposure. March 18-20, 2024, 7:00 AM – 3:00 PM. Shelter of Goodwill Health Services, Sta. Cruz, Magalang, Pampanga**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: February 07, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section  **BSN 3B** | | Department**/**College/School/RSO/Office  **College of Nursing and Pharmacy (CONP)** |
| ACTIVITY:  **Related Learning Exposure (Psychiatric Nursing)** | | Date and Time:  **March 18-20, 2024**  **7:00 AM – 3:00 PM** | |
| ATTIRE: | | VENUE:  **Shelter of Goodwill Health Services,** **Sta. Cruz, Magalang, Pampanga** | |
| Adviser: | | Teacher/s-in-charge:  **Mrs. Aurora R. Valencia, RN, MAN, LPT** | |

Sincerely yours, Noted By:

**Mrs. Anele C. Mallari, RN, MAN, LPT Mrs. Precious Bernadette D. Estrada**

Dean, College of Nursing and Pharmacy Director, Office of the Student Affairs

**Noted and received letter: Related Learning Exposure. March 18-20, 2024, 7:00 AM – 3:00 PM. Shelter of Goodwill Health Services, Sta. Cruz, Magalang, Pampanga**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: January 25, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section | | Department**/**College/School/RSO/Office  **School of Education (SEd)** |
| ACTIVITY:  **Off-campus Internship – Endorsement of Student Teachers** | | Date and Time:  **February 05 – April 26, 2024**  **7:00 AM** | |
| ATTIRE:  **Student-teacher Uniform** | | VENUE:  **Remedios Elementary School, Remedios, Lubao, Pampanga** | |
| Adviser: | | Teacher/s-in-charge:  **Dr. Dexter Balajadia** | |

Sincerely yours, Noted By:

**Dr. Ruth Balajadia-Ducut Mrs. Precious Bernadette D. Estrada**

Dean, School of Education Director, Office of the Student Affairs

**Noted and received letter: Off-campus Internship – Endorsement of Student Teachers, February 05 – April 26, 2024, 7:00 AM, Remedios Elementary School, Remedios, Lubao, Pampanga**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: January 25, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section | | Department**/**College/School/RSO/Office  **School of Education (SEd)** |
| ACTIVITY:  **Off-campus Internship – Endorsement of Student Teachers** | | Date and Time:  **February 05 – April 26, 2024**  **7:00 AM** | |
| ATTIRE:  **Student-teacher Uniform** | | VENUE:  **Remedios Elementary School, Remedios, Lubao, Pampanga** | |
| Adviser: | | Teacher/s-in-charge:  **Dr. Dexter Balajadia** | |

Sincerely yours, Noted By:

**Dr. Ruth Balajadia-Ducut Mrs. Precious Bernadette D. Estrada**

Dean, School of Education Director, Office of the Student Affairs

**Noted and received letter: Off-campus Internship – Endorsement of Student Teachers, February 05 – April 26, 2024, 7:00 AM, Remedios Elementary School, Remedios, Lubao, Pampanga**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: February 12, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section  **Educ1A** | | Department**/**College/School/RSO/Office  **Community Extension Office (CEO)** |
| ACTIVITY:  **Open Bonsai Competition and Art Class** | | Date and Time:  **February 16, 2024**  **1:00 PM – 4:00 PM** | |
| ATTIRE:  **Uniform** | | VENUE:  **Robinsons Starmills, City of San Fernando, Pampanga** | |
| Adviser: | | Teacher/s-in-charge:  **Sr. Marissa Y. Figueroa and Mr. Norbert Joseph S. Garcia** | |

Sincerely yours, Noted By:

**Sr. Marissa Y. Figueroa, OP Mrs. Precious Bernadette D. Estrada**

Director, Community Extension Office Director, Office of the Student Affairs

**Noted and received letter: Open Bonsai Competition and Art Class. February 16, 2024, 1:00 PM – 4:00 PM. Robinsons Starmills, City of San Fernando, Pampanga**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME

**Parent Consent Slip**

Date**: February 12, 2024**

Dear **Mr. /Mrs.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student: | Year and Section  **Educ1A** | | Department**/**College/School/RSO/Office  **Community Extension Office (CEO)** |
| ACTIVITY:  **Open Bonsai Competition and Art Class** | | Date and Time:  **February 16, 2024**  **1:00 PM – 4:00 PM** | |
| ATTIRE:  **Uniform** | | VENUE:  **Robinsons Starmills, City of San Fernando, Pampanga** | |
| Adviser: | | Teacher/s-in-charge:  **Sr. Marissa Y. Figueroa and Mr. Norbert Joseph S. Garcia** | |

Sincerely yours, Noted By:

**Sr. Marissa Y. Figueroa, OP Mrs. Precious Bernadette D. Estrada**

Director, Community Extension Office Director, Office of the Student Affairs

**Noted and received letter: Open Bonsai Competition and Art Class. February 16, 2024, 1:00 PM – 4:00 PM. Robinsons Starmills, City of San Fernando, Pampanga**

\_\_\_I allow my son/daughter to join the activity/ies \_\_\_\_ I do not allow my son/daughter to join the activity/ies

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Name of Student / Date Year and Section Parent’s Signature over Printed NAME