

**STUDENT INFORMATION**

Last Name	First Name	M.I.	Sex	Date of Birth (mm/dd/yyyy)
Mailing Address		Student Number		
Contact Number:				

**PARENT/GUARDIAN PERMIT/CONSENT**

This is to certify that I have full knowledge of and permission for my son/daughter/foster child to join and participate in:

Title of Activity: **ISKOLAR NG LALAWIGAN NG CAVITE MUSIC FESTIVAL**

Date & Time of the Activity: **DECEMBER 05, 2025 4:00 PM**

Place of Activity: **CAVITE STATE UNIVERSITY, INDANG, CAVITE**

I concur and agree on the rules, policies & regulations being implemented by the concerned organizers.

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Name & Signature of Parent/Guardian

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Contact Number