

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.

_____	_____
Name & Signature of Parent/Guardian	Contact Number