

College of Information and Communications Technology (Name of the College/Campus/Organization)

	No.:
Name of Student: Acosta, Jonald C. Student Number: 2	2020103502
Course: Bachelor of Science in Information Technology	Year & Section: BSIT 4CG1
Name of Activity:	
Nature of Activity: Seminar/Workshop Convention Competition Others:	
Venue: Inclusi	ive Dates:
To be filled-up by the Parent/Guardian:	
 I allow my son/daughter to attend the activity. I trust that the organizers of this activity will take due dilique son/daughter as a participant. I also agree to abstresponsibility on any untoward incident in the course of the source of the so	solve the university from legal
Name of Parent/Guardian: <u>Jocelyn C. Acosta</u>	
Phone/Cell phone number(s): 09323691285	
Complete Address: Blk 4 Lt 12 , Prenza 1 , Marilao, Bulacar	1
Note: • This Parental Consent Form must be Accomplished in	f
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- the activity is off-campus
 the activity is overnight or until 9pm
 the activity falls on a Holiday or Sunday
- This Parental Consent Form must be Notarized (if the activity will be held outside Bulacan)
- Attach a photocopy of the Parent's/Guardian's identification card with signature.



PARENTAL CONSENT FORM

