

De La Salle

Santiago Zobel School
Ayala Alabang Village, Muntinlupa City

PARENTAL CONSENT FORM

(Please accomplish in duplicate)

Objectives of the Activity :	To enhance our students' competitiveness in speech and oral communication To join a debate training/contest		
Nature of Activity :	2 nd DLSZ Debate Training Workshop		
Place(s) of Activity/ies :	Lower Grade School AVR, DLSZ Campus		
Inclusive Date/s of Activity :	May 26-30, 2012		
Assembly Time:	7:50 AM	End Time:	4:00 PM
Starting Time :	8:00 AM	Expected Time of Arrival (DLSZ):	NA
Group/s involved:	Zobel Parliament		
Person-in-Charge of the Activity	Mr. Leandro D. Macasaet/Mr. Jorge S. Baclor, Jr.		

Adult Leaders and contact numbers: (Please affix signature/s beside name/s)

Mr. Leandro D. Macasaet 09215344789

Mr. Jorge S. Baclor, Jr. 09209689335

Transportation: NA

Fee: None

I have read the details of the activity and I hereby permit my son/daughter _____
(Grade/Year & Sec) _____ to join.

We are aware of the benefits that our son/daughter will derive from his/her participation in this activity and the diligence to be exercised by the teachers/leaders thereof to ensure his/her safety during the activity. We are also expected to make sure that our child comes on time for the assembly and departure and be fetched upon arrival.

SIGNATURE OF PARENT/GUARDIAN (as it appears in the school records/documents):

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PRINTED NAME OF PARENT/GUARDIAN :

RELATIONSHIP TO STUDENT :

ADDRESS :

CONTACT NUMBERS:

Landline (Home) :

(Office) :

Mobile number/s :

Comments/Suggestions:

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SIGNATURE VERIFIED BY: _____ DATE VERIFIED: _____

DESIGNATION : _____