

DRRM SEMINAR – REQUEST FOR WAIVER OF OR DISCOUNT ON SEMINAR FEES

Please submit through the student’s class adviser on or before December 1, 2015

November __, 2015

The Administrators
De La Salle Santiago Zobel School, Inc. (**DLSZ**)

Gentlemen:

In the DRRM Seminar Attendance Survey and Tracking Form (the “**Form**”), we indicated that no one in our family or household has attended the seminar on DLSZ’s disaster risk reduction management plan conducted by Foresight Life Resilience Corporation (“**DRRM Seminar**”) because of financial constraints or our inability to pay the seminar fees. Based on instructions given in the Form, we hereby request that the seminar fees payable by our family be (*please check one*):

- ☐ Discounted by _____ %, or
- ☐ Waived.

Due to our financial constraints, as described as follows (*optional*), we are unable to pay the seminar fees:

If our request will be granted, we undertake to attend a DRRM Seminar on any of the following dates:

- ☐ December __, 2015 ☐ January __, 2016
- ☐ January __, 2016 ☐ _____ (please indicate available date and time)

We understand that the administrators of DLSZ will evaluate this request based on our financial constraints, as demonstrated in this written request. In making this request, we have no expectation whatsoever that DLSZ will grant our request. We further understand and acknowledge that the waiver of or any discount on the seminar fees that may be granted will be contingent upon the attendance at a DRRM Seminar on any of the dates indicated above by a member of our family or household.

Thank you for your consideration.

Very truly yours,

Name of Parent/Guardian (signature over printed name)

Date

Home Address: _____

Telephone: _____

Email: _____

Office Address: _____

Work Telephone: _____

Father’s Occupation: _____

Mother’s Occupation: _____

Number of Dependents: _____ Number of Household Members: _____

Name and year level/section of child/ren or ward/s at DLSZ: