



PARENT'S/ GUARDIAN'S CONSENT FORM

Control no: DSA FORM C-

Part I. Student's Information

Student's Name		Course/ Year	
Address		Contact Number	

Part II. Activity Information

Name of Activity			
Departure Date		Arrival Date	
Departure Time		Arrival Time	
Place of Activity			

Part III. Responsible Office/ Person

Department/ Organizer		Faculty/ Staff In-charge	
Contact Number		Signature	

Part IV. Permission

1. I certify that I am the parent/ or legal guardian of the above mentioned student.
2. I know that St. Peter's College, its officers, faculty/ staff in-charge are expected to exercise due diligence for the safety of my child within the duration of the activity.
3. I understand that my child must obey and follow the rules and regulations set by the person in- charged in accordance with the school policy.
4. If my child wilfully disregards to follow the established rules and regulations causing any damages, I and my child shall have no claims against St. Peter's College, its officers and faculty/ staff in- charged.

I have read, understood and agreed to the information above.

Parent/ Guardian
Signature over printed name

Student
Signature over printed name

Contact Number	
Address	

