



Republic of the Philippines
Department of Education
Region VII, Central Visayas
Division of Negros Oriental
MANJUYOD SCIENCE HIGH SCHOOL
Manjuyod, Negros Oriental



PARENT'S CONSENT

Date

I, _____ of _____
(Name of Parent/Guardian) (Address)
do hereby permit my daughter/son/ward _____
(Name of Student/Ward)
of MSHS to participate in **REGIONAL SCHOOLS PRESS CONFERENCE**
(Activity)

Schedule of Activities:

Date : _____
Day : _____
Time : _____
Place : _____

I have considered the benefits that shall be derived from the participation of my daughter/son/ward _____ in the activities with the understanding that necessary measures/precautions shall be taken.

Signature Over Printed Name
of Parent/Guardian



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