



LOURDES SCHOOL QUEZON CITY
High School Department

PARENT'S PERMIT FOR EXTRA/CO - CURRICULAR ACTIVITIES

Dear Sir/Madam:

This is to inform you that I have permitted my son/daughter, _____,
(Student's Name)
of _____) to join the activity below.
(Grade and Section)

NATURE OF ACTIVITY: _____ **DATE:** _____

PLACE: _____ **TIME:** _____

TEACHER-IN-CHARGE: _____

I have fully considered the benefits that my son/daughter will derive from his/her participation in this activity and the precautions to be taken by Lourdes School Quezon City to ensure the safety of my son/daughter during the entire activity.

Sincerely yours,

Signature over printed name of Parent /Guardian

Address

Telephone/Cell phone number/s