



Republic of the Philippines  
**CENTRAL LUZON STATE UNIVERSITY**  
 Science City of Muñoz, Nueva Ecija

**OFFICE OF THE VICE PRESIDENT FOR ACADEMIC AFFAIRS**

**LOCAL OFF-CAMPUS ACTIVITIES  
 PARENT'S/GUARDIAN'S CONSENT**

\_\_\_\_\_ (Date)

Dear Parent/Guardian,

This is to inform you that your son/daughter \_\_\_\_\_ who is  
 \_\_\_\_\_ (Name)

Choose the most appropriate situation:

- enrolled in the subject \_\_\_\_\_ ( \_\_\_\_\_ )  
 \_\_\_\_\_ (Cat. No.) \_\_\_\_\_ (Descriptive Title)
- student from the \_\_\_\_\_  
 \_\_\_\_\_ (Name of College)
- member of the organization/council \_\_\_\_\_  
 \_\_\_\_\_ (Name of Student Organization/Student Council)

is encouraged to join the \_\_\_\_\_  
 \_\_\_\_\_ (Name of Activity)

on \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ (Date) \_\_\_\_\_ (Place)

Please be informed further that each student shall contribute \_\_\_\_\_  
 \_\_\_\_\_ (Amount in Words)

(P \_\_\_\_\_) which shall be used to defray the following expenses: \_\_\_\_\_,  
 \_\_\_\_\_ (Amount in Pesos) \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_ (indicate the appropriate items).

The other pertinent information regarding the activity are:

Personel-in-charge: \_\_\_\_\_ Contact number: \_\_\_\_\_

Objective/s of the activity: \_\_\_\_\_ Number of participating students: \_\_\_\_\_

Vehicle to be used: \_\_\_\_\_ Owner: \_\_\_\_\_ Accommodation venue (if applicable): \_\_\_\_\_

Security measures: \_\_\_\_\_

In case you are interested to clarify something regarding the activity, please contact  
 \_\_\_\_\_ through the telephone/mobile number \_\_\_\_\_.

Be assured that the safety of your son/daughter shall be our primary concern.

Very truly yours,

\_\_\_\_\_  
 Name and Signature of Personnel-in-charge

**To whom it may concern:**

This is to certify that I have read the above letter and that I am allowing my son/daughter/ward  
 \_\_\_\_\_ to join the \_\_\_\_\_  
 \_\_\_\_\_ (Name of Student) \_\_\_\_\_ (Name of Activity)

which is scheduled to be on \_\_\_\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ (Date/s) \_\_\_\_\_ (Destination/s and/or Venue/s)

I release and discharge the Central Luzon State University from any liability of whatever nature.

\_\_\_\_\_  
 Printed Name and Signature of Parent/Guardian

**Please provide the following information:**

Contact number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home/Mailing address: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me, this \_\_\_\_\_, by \_\_\_\_\_ who exhibited to me (his/her)  
 competent proof of identification \_\_\_\_\_ issued at \_\_\_\_\_,  
 Philippines on \_\_\_\_\_.

Notary Public  
 Doc. No. \_\_\_\_\_;  
 Page No. \_\_\_\_\_;  
 Book No. \_\_\_\_\_;  
 Series of \_\_\_\_\_.

(Please accomplish in triplicate)