

PARENT APPROVAL FORM FOR SPECIAL PRACTICES / ACTIVITIES IN SCHOOL

Date: _____

Class Adviser / Subject Teacher/Moderator
St. Scholastica's College - Westgrove
Silang, Cavite

Dear _____,

This is to inform you that our daughter _____ of Yr. ____ Section _____ has
our permission to attend / join the activity below:

Nature of Activity: _____

Date: _____ Time Start: _____ Dismissal: _____

Venue: _____ Fee/Bring: _____

I consider the benefits that my daughter will get from her participation in the above activity.
However, the School, Class Adviser / teacher/parent concerned will not be held responsible for
any accident that may happen beyond their control.

Signature Over Printed Name