

CONSENT FOR OFF-CAMPUS RESEARCH ACTIVITY

In behalf of _____, of minor age, and a fourth year student of PHILIPPINE SCIENCE HIGH SCHOOL-BICOL REGION CAMPUS, I, _____, of legal age, as a parent/guardian do hereby give my permission to my child to attend to his/her Research work outside the campus or in an identified Research Agencies and other Science/Academic institutions as deemed necessary by the Research Coordinator.

_____anytime of the week
 _____during certain days only
 Specify:_____

This permission is being given for the entire duration of RESEARCH 2.

 Signature over Printed Name of Parent/Guardian

Address:_____

Contact No.:_____

Witnesses:

1. _____

(Signature over Printed Name)

Address:

2. _____

(Signature over Printed Name)

Address:

Republic of the Philippines)
 Province of _____)
 Municipality/City of _____)

Subscribed and sworn to me this _____ day of _____ in _____
 _____affiant exhibiting to me his/her Community Tax Certificate No. _____
 _____ issued at _____ on _____.

NOTARY PUBLIC

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 Page No. _____
 Book No. _____
 Series of _____