

PARENTS / CONSENT
(For **Saturdays**/non-school days)

To: **The Chief, Student Services Division**
Philippine Science High School
Agham Road, Diliman, Quezon City

Date: June 20, 2009

Madam:

I hereby allow my son/daughter _____
(Name)

of _____ to stay in school (PSHS)
(Year and Section)

from 8:00 am to 2:00 pm in order to

UPCAT Review Session
(Reason)

Very truly yours,

Parent's/Guardian's Signature over Printed Name

Address: _____

Tel. No.: _____

Rose Mary B. Butaran
Signature over Printed Name of Teacher
who will supervise the student
Date: June 15, 2009

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