 **JOHN B. LACSON COLLEGES FOUNDATION (BACOLOD), INC.**
Alijis, Bacolod City

BASIC EDUCATION DEPARTMENT
DepEd ID No. 403019

BED Form 10

To be accomplished in two (2) copies

ACTIVITY/ EVENT PERMIT

Event: _____

Date: _____ Time: From _____ To _____

Venue: _____

Name of Student: _____

Name and Signature of the Personnel-in-Charge
(Class Adviser/Coach/Club Adviser)

Noted by: _____ HS Coordinator _____ Student Activity Coordinator

(To be signed first by the in charge and the coordinator before the parent signs below.)

____ Yes, I allow my son/daughter to attend in the event.
____ No, I do not allow my son/ daughter to attend in the event.


Reason(s):

Name and Signature of the Parent/Guardian Date

Note: Present this permit to the Guard-on-Duty and submit both copies to the in charge of the activity.

"To maintain the highest standards of Quality, Health, Safety, Environmental Protection and Pollution Prevention in our consistent drive to satisfy and strive stakeholders' expectations."

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