

John B. Lacson Colleges Foundation (Bacolod), Inc.

Alijis, Bacolod City

BASIC EDUCATION DEPARTMENT DepEd ID No. 403019



GATE EXIT PASS

Principal's Copy

Date:					
Time:					
Name of Student:		Gra	ade:	Section:	
Name of Parent/Guardian:		Co	ntact no.:_		
Reason(s) to go home/to fetch	the child:				
Adviser's Remarks:					
(in the absence of the Parent)	-	Parant's/Guar	dian's Sign	nature over Printed Nar	
		r arent s/Guar	ulari s Sigr	iature over Frinted Nar	
	,	Approved by:			
(Adviser's Signature over Printed Nam	· ·	MA. EVA M. HILAY, PhD Principal			
Fo maintain the highest standards of Quality, He /eh	ealth, Safety, Environmental Protection and Pollution	Prevention in our cons	istent drive to s	atisfy and strive stakeholders' expe	
COLLEGE	John B. Lacson Colleges Foun Alijis, Bacolod		od), Inc.	ISO 9001 BUREAU VERITAS Certification	
		BASIC EDUCATION DEPARTMENT DepEd ID No. 403019		BED Form 11	
Date:	GATE EXIT P	ASS	Security	y Guard's Copy	
Name of Students		Cra	nda.	Continu	
Name of Parent/Guardian:					
	-	Parent's/Guar	dian's Sign	nature over Printed Nar	
	Approved by:	·	Poo	eived by:	
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viser's Signature over Printed Name) (in the absence of the Parent)	MA. EVA M. HILAY, PhD Principal			rd-on-Duty e & sign above)	
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	BASIC EDUCATION D DepEd ID No.			BED Form 11	
Data	GATE EXIT P	ASS	Parent's/G	Guardian's Copy	
Date: Time:					
Name of Students		C = c	ndo.	Continu	
			ade:	Section:	
name of Parent/Guardian:					
	-	Parent's/Guar	ent's/Guardian's Signature over Printed Name) Received:		
	Approved by:				
ser's Signature over Printed Name					
in the absence of the Parent)	MA. EVA M. HILAY, PhD	_	Cuard on Duty		
	Principal		Guard-on-Duty (Print name & sign above)		