



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

BASIC EDUCATION DEPARTMENT  
DepEd ID No. 403019



BED Form 11

Principal's Copy

**GATE EXIT PASS**

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Section: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Contact no.: \_\_\_\_\_

Reason(s) to go home/to fetch the child: \_\_\_\_\_

**Adviser's Remarks:**

(in the absence of the Parent)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Parent's/Guardian's Signature over Printed Name)

Approved by:

**MA. EVA M. HILAY, PhD**  
Principal

\_\_\_\_\_  
(Adviser's Signature over Printed Name)

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



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Alijis, Bacolod City

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BED Form 11

Security Guard's Copy

**GATE EXIT PASS**

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Section: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_  
(Parent's/Guardian's Signature over Printed Name)

Approved by:

**MA. EVA M. HILAY, PhD**  
Principal

\_\_\_\_\_  
(Adviser's Signature over Printed Name)  
(in the absence of the Parent)

Received by:

\_\_\_\_\_  
Guard-on-Duty  
(Print name & sign above)

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BED Form 11

Parent's/Guardian's Copy

**GATE EXIT PASS**

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Section: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_  
(Parent's/Guardian's Signature over Printed Name)

Approved by:

**MA. EVA M. HILAY, PhD**  
Principal

\_\_\_\_\_  
(Adviser's Signature over Printed Name)  
(in the absence of the Parent)

Received:

\_\_\_\_\_  
Guard-on-Duty  
(Print name & sign above)

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