

JOHN B. LACSON COLLEGES FOUNDATION (BACOLOD), INC.

(formerly Iloilo Maritime Academy) Alijis, Bacolod City

BED Form 5

BASIC EDUCATION DEPARTMENT DepEd ID No. 403019

AFFIDAVIT OF UNDERTAKING/PARENT'S WAIVER

(Name of Parent/Guardam) and the parent/guardian of (Address)	I,		, of	legal	age,	а	resident	of
Image: Control of the served of the serve	,	(Name of Parent/Guardian)	,, -	0				
hereby signs this document freely and with full understanding of its contents. (Name of Learner) (Name of Learner) (Name of Learner) (Name of School) (I certify that my child at			ar	d the	e pa	.rent/g	guardian	of
(Name of Lamere) The present curvalsances are: 1. I choose to enroll my child at			do our on the oly and with f		tondin	- of it	acentanta	
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(Name of School) 2. I certify that my child was previously enrolled at	The pre							
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and passed the grade level of			(Name of School)					
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"To maintain the highest standards of Quality, Health, Safety, Environmental Protection and Pollution Prevention in our consistent drive to satisfy and strive to exceed stakeholders' expectations"