



**PAASCU ACCREDITED  
LEVEL II**

**SANTA ISABEL COLLEGE OF MANILA  
BASIC EDUCATION DEPARTMENT**

210 TAFT AVENUE, MANILA, PHILIPPINES

TEL. NOS.: 525-94-16 TO 19

[www.santaisabel.edu.ph](http://www.santaisabel.edu.ph)

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**PARENT CONSENT FORM**

**STUDENT ID NO:** \_\_\_\_\_

**GRADE & SECTION:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

**ADVISER:** \_\_\_\_\_

I hereby give permission to my son or daughter to participate in the **VARSITY TEAM TRY-OUTS** on August 13 and 14, 2019 from 4:00 PM to 6:00 PM inside the campus of Santa Isabel College of Manila. He/She will try out for the sport(s) indicated below with a check mark:

Basketball

Volleyball

Badminton

**CONFORME:**

\_\_\_\_\_  
(Signature over Printed Name of Parent/Guardian)

**Date:** \_\_\_\_\_

**Contact No.:** \_\_\_\_\_