School Library Parental Consent Application

Student Information

Student Name
Grade
Ciddo
Student ID (if applicable)
Parent/Guardian Information
Parent/Guardian Name
Contact Number
Email Address
Consent
Consent
Please indicate your choice regarding your child's access to the school library:
C
Yes, I give consent
C
No, I do not give consent
Additional Notes (optional)
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Parent/Guardian Signature
D-4:
Date