

DECLARATION OF AGREEMENT

DATE

FOR DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE:

This is to inform that as a DLSMHSI student, I am fully aware that it as a Catholic Institution. I shall attend, regardless of my own religion, all Religious Education subjects required of my course. I shall also attend all religious activities such as masses, retreats and recollections, and the like. If the schedule of the activities falls on a Saturday, I shall still attend in compliance with the aforesaid institutional requirement.

SIGNATURE OVER PRINTED NAME

PROGRAM APPLIED

CONTACT NUMBER/S

E-MAIL ADDRESS

MOBILE NUMBER

COMPLETE HOME ADDRESS: _____

CONFORME:

SIGNATURE OVER PRINTED NAME OF PARENT/GUARDIAN

DATE

Note: Accomplish in two (2) copies: 1-Admissions Envelope; 1-Personal Copy. This form shall be submitted to the adviser.