



Republika ng Pilipinas  
Kagawaran ng Edukasyon  
**REHIYON V**  
**SANGAY NG MGA PAARALAN NG LUNGSOD NAGA**  
**NAGA CITY SCIENCE HIGH SCHOOL**  
**BALATAS, NAGA CITY**

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**PARENT CONSENT**

Name of Student: \_\_\_\_\_

Grade and Section: \_\_\_\_\_

**ACTIVITY:** InterACT-IVITY: The Interact Experience (Team Building)

**DATE:** November 8, 2025

**TIME:** 7:00 am - 3:30 pm

**VENUE:** NCSHS Covered Court

I am allowing my son/daughter to attend the activity.

I am not allowing my son/daughter to attend the activity.

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*Parent's Signature over printed name*