

ACKNOWLEDGMENT LETTER (Senior High)

DATE: _____

**FOR: Lasallian Admission and Scholarship Opportunities
De La Salle Medical and Health Institute
City of Dasmariñas, Cavite, Philippines**

Greetings!

This is to inform your good office that we are duly informed and are submitting to the Admission Policies for Senior High Applicants of De La Salle Medical and Health Sciences Institute Lasallian Admission and Scholarship Opportunities. To wit:

1. The **Php 10,000.00** Reservation Fee is non-refundable and non-transferable should my son/daughter decide to discontinue/withdraw his/her application. However, the aforementioned amount shall be deducted from his/her total tuition fees should he/she continue with his/her application and should he/she enroll during the regular period.
2. The Reservation Fee shall be forfeited should my son/daughter decide not to enroll during the regular enrollment period scheduled by the institution.
3. The medical examination is a major requirement in admission to De La Salle Medical and Health Sciences Institute and the medical examination fee is non-refundable should my son/daughter decide not to continue with his/her application.
4. As a Parent / Guardian of the applicant, I am giving my consent to the Guidance and Counseling Service Department (GCSD) / The Student Affairs (TSA) to provide a copy of psychological test result of my son / daughter to the aforementioned parties for the purpose of helping my son / daughter holistically as the need arises.
5. The requirements for admissions should be completed and submitted on or before the enrollment schedule and issuance of the enrollment permit and registration form.

GENERAL REQUIREMENTS FOR ENROLLMENT

1. Original Birth Certificate
2. Photocopy of Diploma / Certificate of Graduation / Certificate of Candidacy for Graduation
3. Original Form 138 (Grade 10 High School Report Card)
4. Certification of Good Moral Character from previous school administrator

(Note: original copies of all documents must be presented to the Lasallian Admission and Scholarship Opportunities)

Sincerely,

SIGNATURE OVER PRINTED NAME OF PARENT/GUARDIAN_____
DATE

Conforme:

SIGNATURE OVER PRINTED NAME OF APPLICANT_____
DATE

cc: The Registrar, File