

# 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:** \_\_\_\_\_

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**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.**