

# 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.**