



De La Salle University

STUDENT ASSISTANTSHIP AND RESOURCE TRAINING (START) PROGRAM

Parental Consent Form

Date _____ Academic Year / Term _____

Name of Student _____
(LAST NAME, FIRST NAME, MIDDLE NAME)

ID number _____ Degree Program _____

I, the Parent On-Record of the student named above, agree to the following in connection with the **Student Assistantship and Resource Training (START) Program** of De La Salle University:

1. That I allow my child/ward named above to be employed as a **STUDENT ASSISTANT** for the academic year and term specified above;
2. That I have read the conditions and other details of the program and will conform with any and all policies, rules, guidelines governing the said program; and
3. That I will hold the University free from any responsibility on the effect/s, if any, of employment in the Student Assistantship Program, on the academic performance of our child.

Signature over printed name

NOTE: A photocopy of a valid ID of the Parent On-Record must be attached to this.