

CERTIFICATION OF GUARDIANSHIP

Date: _____

To: The Dormitory Manager
Balay Ilonggo
UPV Iloilo city campus

This is to certify that the undersigned is the Guardian of Mr. / Ms. _____,
(Name of Student)
_____ UP High School in Iloilo for the period of _____
(Year level) *(Please specify the months and year)*

Henceforth, the undersigned assumes full responsibility in attending to situations that may arise during the said period involving the following:

1. cases of emergency, such as, to accompany my ward to the hospital, and attend to his/her immediate needs until such time his/her parents or relatives are around to assume their responsibility;
2. other school-related matters requiring parental consent.

SIGNED:

CONFORME:

(Signature over Printed Name of Guardian)

(Signature over Printed Name of Parent)

(Complete Address of Guardian)

(Complete Address of Parent)

Contact Number

(Landline/Mobile Phone of Guardian)

(Landline/Mobile Phone of Parent)

SUBSCRIBED AND SWORN to before me this _____, at _____, Philippines. Affiant personally known to me and was identified by me through competent evidence of identity as defined by the 2004 Rules on Notarial Practice. The competent evidence of identity of the herein affiant is his/her _____ (I.D.) with No. _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of 2023

Notary Public