

---

---

**ADMISSION UNDERTAKING**

Given the policies and guidelines set by the University of St. La Salle Basic (USLS) Education Unit for students, we hereby undertake and agree to the following conditions:

- 1.) That, I/we execute this undertaking with full knowledge and understanding freely under our own volition, without mental reservation, and without undue influence by whoever and whatever circumstances.
- 2.) That, I/we agree to ABIDE, SUBMIT AND FOLLOW all terms and conditions set by the USLS-Basic Education Unit Administration on policies related to admission, discipline, school fees, and required official documents.
- 3.) That, I/WE promise to religiously monitor the academic progress of my son/daughter and will make myself available if academic interventions are needed or for purposes concerning my son/daughter's education. This includes but is not limited to, actions such as pairing with the Canvas Learning Management System, maintaining close coordination with homeroom advisers and subject teachers, regularly reviewing and monitoring quarterly grades through the AIMS School Management System, and any analogous activities associated with my child's educational journey.
- 4.) That, I/WE promise to abide by the Discipline rules and policies set forth by Basic Education, including but not limited to those stated in the Student Handbook, and will make myself available if discipline and formation interventions are needed or for purposes concerning my son/daughters' education.
- 5.) I/We acknowledge that the USLS reserves the right to deny enrollment should I/we fail to meet the admission requirements and standards established by the school.
- 6.) I/We commit to maintaining proper decorum during all transactions related to the admission and enrollment process.
- 7.) I knowingly and voluntarily consent to the disclosure and processing of my information and my child's personal information, including sensitive personal information (which may include but is not limited to disciplinary records and special needs, psycho-emotional condition, and physical disability) contained in the Self-Directed Interview Questionnaire to assess the application. This information will be shared with the members of the admissions committee. I waive my right to inspection and correction of the contents of the admission procedure.

<b>Name of Student:</b>	
<b>Name of Parent/Guardian:</b>	
<b>Signature of Parent/Guardian:</b>	
<b>Date Signed:</b>	

**CONSENT FORM**

**Privacy Statement**

I/WE fully consent to the collection and processing of my child/ward’s personal data for admission and enrollment in the University of St. La Salle. This consent includes all processing activities and purposes outlined in the Student Data Privacy Statement provided in this link:

<https://www.usls.edu.ph/uploads/media/Student%20Data%20Privacy%20Statement.pdf>



**Media Release**

I hereby authorize USLS to make and use photographs, videos, and/or audio recordings in which my child/ward’s picture or image appears for all purposes and in all media and formats now known or later created including all educational and promotional materials. This authority extends to all conventional and electronic media, including the Internet, Social Media and livestreamed / broadcasted content, and to any printed material. I hereby waive any right that I may have to inspect or approve the finished product or products or advertising or printed matter that may be used in connection with this video, audio or photographs or the use to which it may be applied. I understand and agree that these images and recordings may be duplicated, distribute without charge, and/or altered in any manner without compensation or liability, in perpetuity.

**Medical Waiver**

To ensure his/her health and well-being while in school, I/We hereby grant permission to the USLS Health Services Center (Clinic) and its medical staff to provide the following medical services/procedures to my child/ward during the current academic year:

*Select the medical procedure:*

- Physical Examination**
- Dental Examination**
- Deworming**
- NONE**

**By signing this Consent Form, I certify that I have read and understood the statements, releases and waivers stated above, and consent is freely and voluntarily given on behalf of my child/ward.**

<b>Name of Student:</b>	
<b>Name of Parent/Guardian:</b>	
<b>Signature of Parent/Guardian:</b>	
<b>Date Signed:</b>	