



FETCHER'S ID APPLICATION FORM

Control No. _____

Picture of
 Fetcher
 (Size 1 x 1)

Picture of
 Student 1
 (Size 1 x 1)

Picture of
 Student 2
 (Size 1 x 1)

Picture of
 Student 3
 (Size 1 x 1)

Picture of
 Student 4
 (Size 1 x 1)

Picture of
 Student 5
 (Size 1 x 1)

APPLICATION PROCEDURE

1. Pay the amount of P35.00 (small I.D.) & P50.00 (big I.D.) at the Accounting Office.
2. Submit the duplicate O.R. to the CSO Staff. An I.D Card will be given to the requesting party.
3. Accomplish this form and fill out the ID card with the necessary information.
4. Submit the accomplished form & ID card to the CSO staff together with two (2) recent ID pictures (1 X 1) for the fetcher and the students / riders.
5. The laminated ID card will be issued by the CSO staff as soon as the procedure is completed.

Note: (A REPLACEMENT FOR LOST, DAMAGED OR NEW FETCHER'S ID SHOULD BE REQUESTED FROM THE CAMPUS SERVICES OFFICE FOLLOWING THE SAME PROCEDURE MENTIONED ABOVE)

- IF THE AUTHORIZED FETCHER IS REPLACED, A NEW ID MUST BE SECURED. THE FORMER FETCHER'S ID SHOULD BE SURRENDERED TO THE CSO-LOGISTICS OFFICE.
- LOST FETCHER'S ID SHOULD BE REPORTED IMMEDIATELY TO THE SECURITY OFFICE OR AT THE CAMPUS SERVICES OFFICE AND A REPLACEMENT SHOULD BE REQUESTED

A. FETCHER'S INFORMATION

Name of Fetcher: _____ Age: _____
(Last name) (First Name) (Middle Name))

The Fetcher is the student's: *(Please check the appropriate box)*

<input type="checkbox"/> Father	<input type="checkbox"/> Family Driver
<input type="checkbox"/> Mother	<input type="checkbox"/> Yaya
<input type="checkbox"/> Guardian, (if relative, please specify) _____	<input type="checkbox"/> OTHERS, (please specify) _____

Fetcher's Specimen Signature _____
 Present Address: _____
 Employer's Address (for family-hired drivers or yaya ONLY): _____
 Contact Numbers: Cell phone # _____ Land Line: _____

B. STUDENT'S INFORMATION

Name of Student: (Last name) (First Name) (M.I.)	Gr. /Yr. / Section	Dismissal Time	Pick-up Area
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Father _____ Mother _____
 Contact Number/s _____ Contact Number/s _____

I/We hereby authorize the person whose name and photo appear on this Application Form to pick up our child/children in school.

Parents' Signature above Printed Name _____
 Date Filed _____

For Logistics Staff:
 Date Issued: _____
 Received by: _____