



GROUP PERMIT FOR WORKING CHILDREN

Title of Project/Activity : _____

Validity Period : _____

Employer : _____

NAME OF CHILD	CHILD'S ID NO.	WORKING CHILD PERMIT NO.

Issued by:

Printed Name and Signature of Authorized Head

Date

INFORMATION ON ORIENTATION

Date of orientation : _____

Person/s who attended the orientation:

- Employer
- Representative of employer, specify _____
- Parent
- Guardian

Remarks : _____

Printed Name and Signature of Focal Person