**SEND:**  Now  Time:

**RETURN:**  Time:

**Hall Pass**

**From:**

Student:

Date:

**GO TO:**

**Counseling Office**  **Library**

**Other:**  **To Class**

Teacher Name Room # Lunch

1st

2nd

3rd

4th

5th

6th

Staff Name:

Staff Signature:

**SEND:**  Now  Time:

**RETURN:**  Time:

**Hall Pass**

**From:**

Student:

Date:

**GO TO:**

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**Other:**  **To Class**

Teacher Name Room # Lunch

1st

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