

SEND: ☐ Now ☐ Time: \_\_\_\_\_

RETURN: ☐ Time: \_\_\_\_\_

Hall Pass  
From:

Student: \_\_\_\_\_

Date: \_\_\_\_\_

GO TO:

☐ Counseling Office ☐ Library  
☐ Other: \_\_\_\_\_ ☐ To Class

Teacher Name Room # Lunch

☐ 1<sup>st</sup> \_\_\_\_\_

☐ 2<sup>nd</sup> \_\_\_\_\_

☐ 3<sup>rd</sup> \_\_\_\_\_

☐ 4<sup>th</sup> \_\_\_\_\_

☐ 5<sup>th</sup> \_\_\_\_\_

☐ 6<sup>th</sup> \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

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