

Period: _____ Room: _____

Hall Pass

Student: _____

Date: _____ Time: _____

☐ To Main Office / Counseling

☐ To Health Room

☐ To Library

☐ To Teacher's Room at Lunch

☐ Other: _____

<< TYPE YOUR NAME HERE >>

Staff Signature: _____

Period: _____ Room: _____

Hall Pass

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