

EAST ALLEN COUNTY SCHOOLS PASS () Excused () Unexcused

Date _____ Time/Period _____
Name of Pupil _____
From: _____ To: _____
From: () Room _____ ()
() Clinic _____ ()
() Study Hall _____ ()
() Library _____ ()
() Main Office _____ ()
() Guidance _____ ()
() Room _____ ()
Locker _____ ()
Restroom _____ ()
Prior Approval _____
(Teacher's Signature)
Remarks:
Releasing Teacher's Signature _____ Time _____
Arrival Time _____ Returning Teacher's Signature _____
Returning Time _____ RETURN PASS TO RELEASING TEACHER
EACS: Ad-20 3/82(R)

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