EAST ALLEN COUNTY SCHOOLS PASS

Date __________________________
Time/Period ________________

Name of Pupil __________________________

Prior Approval __________________________
(Teacher's Signature)

Remarks: __________________________

Room ________
Clinic ________
Study Hall ________
Library ________
Main Office ________
Guidance ________
Room ________
Locker ________
Restroom ________

Releasing Teacher's Signature ________________
Time ________________

Arrival Time ________________
Returning Teacher's Signature ________________
Time ________________

Returning Time ________________
RETURN PASS TO RELEASING TEACHER

EACS: Ad-20 3/82(R)