



WOODLAWN HIGH SCHOOL HALL PASS



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STUDENT NAME: _____

Bathroom Nurse Library
 Cafeteria Main Office Guidance/ Counselor
 Theatre Gym Locker Room
 Principal's Office Assistant Principal: _____
 Room: _____ Other: _____

DESTINATION : _____

Time Left: _____ Time Returned: _____

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

TODAY'S DATE: _____

TEACHER: _____ STUDENT LEFT FROM ROOM # _____

SIGNATURE: _____

COMMENTS: _____



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