



De La Salle University
D A S M A R I Ñ A S
JUNIOR HIGH SCHOOL

EXIT PASS

Date: _____

Please allow my daughter/son, _____, of
(Name of Student)
_____ to leave the school premises because
(Grade & Section)
_____.

S/He shall return: () at _____ this day.
() on _____.

Signed by:

Signature Over Printed Name of Parent/Guardian

Noted by:

Subject Teacher Adviser Prefect of Discipline

Approved by:

Director, High School Department

Security Officer On Duty: _____



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