



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: \_\_\_\_\_