



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

GATE PASS

Name: _____ Grade & Section: _____
Date of Use: _____ From: _____ To: _____
Teacher: _____ Date Filed: _____
Reason: _____

ITEM(S)/GADGET(S)	Serial Number/Description

With permission from:

Subject Teacher

Prefect of Discipline

Note:

1. This form must be filed at least 1 day before its use.
2. This allows student to bring in material(s)/e-gadget(s) as required by the teachers.
3. The school shall not be held responsible for the loss/damage of personal belongings while inside the campus.