

SOCORRO INDEPENDENT SCHOOL DISTRICT
REQUEST TO LEAVE CAMPUS

Teacher's Name _____

Date Requesting to Leave _____ Time _____

Reason for Leaving _____

Duty, Parent Conference, ARD's Scheduled _____

Teacher must verify approval before leaving and must sign out at time requested.

Approval

Rejected

Principal's or Assistant Principal Signature

WHITE - Office

Teacher's Signature

YELLOW - Teacher

100-11685-SISD-O-42(Revised 8-90) 50

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