

**EASTLAKE HIGH SCHOOL
REQUEST TO LEAVE CAMPUS**

Requestor's Name: _____

Date Leaving: _____ Scheduled Time Leaving: _____

Reason for Leaving: _____

Coverage by: _____

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

Approved

NOT Approved

Principal or Assistant Principal Signature

Requestor's Signature

**EASTLAKE HIGH SCHOOL
REQUEST TO LEAVE CAMPUS**

Requestor's Name: _____

Date Leaving: _____ Scheduled Time Leaving: _____

Reason for Leaving: _____

Coverage by: _____

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

Approved

NOT Approved

Principal or Assistant Principal Signature

Requestor's Signature