

# Your School Name Here

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## Confidential Student Sign-Out Sheet

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(When you come back, find your initials to sign back in.)

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DATE	➔ PRINT STUDENT NAME HERE ←	INITIALS	RELATIONSHIP	REASON: <input type="checkbox"/> Sick <input type="checkbox"/> Med Appt. <input type="checkbox"/> Other	TIME OUT	TIME IN
	➔ PRINT ADULT NAME HERE ←			If "Other", please specify:		

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Patent pending