

ST. ALBANS HIGH SCHOOL

SIGN-IN / SIGN-OUT FORM

I, _____ give _____
PARENT/GUARDIAN NAME **STUDENT NAME**

Permission to SIGN-IN or SIGN-OUT on _____
DATE

at _____ for _____
TIME **REASON**

Special Instructions / Comments: _____

PARENT / GUARDIAN SIGNATURE

HOME NUMBER

WORK NUMBER

CELL PHONE NUMBER

VERIFIED

*Copies will be available in the attendance office or online www.sahs.kana.k12.wv.us/