

**Office of the Deputy Superintendent of Schools
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**

GENERAL USE SLIP

Student _____ Room #/ Section _____

Admit at ____:____ Excused Not Excused

Report to:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Attendance Office | <input type="checkbox"/> Lavatory | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Career Center | <input type="checkbox"/> Locker | <input type="checkbox"/> Ass't. Principal |
| <input type="checkbox"/> Counseling Office | <input type="checkbox"/> Main Office | <input type="checkbox"/> Registrar |
| <input type="checkbox"/> Health Rm./Nurse | <input type="checkbox"/> Media Center | <input type="checkbox"/> Room # _____ |

Other _____

To leave at ____:____

Count as: Excused Not Excused

For:

- Dentist Doctor Home Other _____

ISSUED BY

_____/_____/_____:_____
Date Time

RETURN APPROVED

Time ____:____ _____
Signature, Staff

Additional Names

Room # Section

Comments: