



## Kapinara Primary School

### STUDENT ENTRY AND EXIT SLIP

Please complete and **hand to classroom teacher**

STUDENT'S NAME: \_\_\_\_\_ Year \_\_\_\_\_

TEACHER \_\_\_\_\_

Time of Entry/Exit: \_\_\_\_\_ am/pm Date: \_\_\_\_\_

Please tick appropriate box:

Student late to school

Student leaving during school time and not returning

Student leaving and returning to school during school time

REASON: \_\_\_\_\_

PARENT/CARER NAME: \_\_\_\_\_

PARENT/CARER SIGNATURE: \_\_\_\_\_



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