# Your School Name Here
## Confidential Student Sign-Out Sheet
**Please PRINT directly on the black boxes for confidentiality.**
**(When you come back, find your initials to sign back in.)**

**Your Logo Here**

| DATE | PRINT STUDENT NAME HERE / PRINT ADULT NAME HERE | INITIALS | RELATIONSHIP | REASON: ☐ Sick ☐ Med Appt. ☐ Other / If "Other", please specify: | TIME OUT | TIME IN |
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