**THS Media Center Lunch Pass**

Please complete and have your teacher sign.

Student’s FULL Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lunch Period: circle

A B C

The purpose for my visit is:

Book check-in/out

Device check-in/out

Printer/Computer use

Study Quietly

Teacher’s Signature:

You will need to present this pass along with your student ID card at the door to enter the media center during times classes have the space reserved.

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Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lunch Period: circle

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