

# MAHOMET-SEYMOUR HIGH SCHOOL

## Guidance Office-Permanent Study Hall Pass

Name: \_\_\_\_\_

From: Study Hall \_\_\_\_\_ Period

\_\_\_\_\_ Room

\_\_\_\_\_ Teacher

TO: Teacher \_\_\_\_\_ Room \_\_\_\_\_

\_\_\_\_\_  
Approved by Associate Principal

\_\_\_\_\_  
Approved by Parent

**"Committed to Excellence"**