OUT OF BUILDING PASS REQUEST FORM (OB FORM)

EXPECTATIONS:
Students are expected to attend every scheduled class every day (including SGI.)
This pass is to be used for legitimate unavoidable release from school during regular school hours.
Students are expected to bring in appropriate documentation for doctor visits, appointments, court appearances etc.
Students who leave school early without an OB Pass will be responsible for subject class cuts.

DIRECTIONS TO PARENTS:
Please complete the information below. An original parent/guardian signature is required.
Please make sure that you give us a number at which you can be reached in the morning. All Out of Building
PASSES must be verified by staff. If a parent/guardian is not reachable by phone, an OB Pass will NOT be issued
and the student will be considered “Cutting” for any missed classes.
Have your child return this form as soon as possible before the date of the Pass, but no later than 8:30 AM of the
day that the pass is needed.

DIRECTIONS TO STUDENTS:
All OB passes must be signed by a parent/guardian. Students may not sign for parent/guardian. Forged signatures
will be subject to disciplinary action.
Please hand in this form to Ms. Scipioni in Room 029 as early as possible, preferably the DAY BEFORE the day
that the pass is needed, but no later than 8:30 AM on the day that the OB pass is needed.
Students who receive a pass must leave the school at the time indicated on this form.
Ms. Scipioni will let you know when you may pick up your completed “Out of Building Pass”. Ms. Scipioni can be
reached at 718-817-7702.

NAME ___________________________ OFFICIAL CLASS - ______________
OSIS ___________________________ TODAY’S DATE ______________________
DATE OF PASS _______________________
PERIOD(S) STUDENT WILL MISS _________________________________________
REASON FOR OUT OF BUILDING PASS REQUEST: __________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

PARENT’S NAME ___________________________ ___________________________

PARENT’S TELEPHONE # ___________________________ ___________________________

PARENT’S SIGNATURE ___________________________ ___________________________

ACTION TAKEN: ___________________________ ___________________________

Approved by ___________________________ Date ___________________________

Revised 11/29/16 SK