

GATE PASS (STUDENT)			
GATE PASS NO.:		DATE:	
STUDENT'S NAME:			
CLASS :		SECTION :	
PURPOSE :			
GOING WITH NAME :		RELATION :	
HAS PARENT ACKNOWLEDGED:		CONTACT NO OF ESCORT:	

ESCORT'S SIGN

TEACHER SIGN

Centre Head / Admission Counsellor SIGN

TO BE FILLED BY SECURITY PERSONNEL

TIME OUT:

SIGN OF SECURITY PERSONNEL

Please leave this copy at the gate

To be printed on Cover

- 1. FDE should call up the parent and confirm the identity and relationship of the person. Great care will be taken to ensure that no student is allowed to go out with a stranger.**
- 2. No student should be allowed to go without appropriate permission.**