



SFI CAMBRIDGE CITY SCHOOL UGANDA



SFI CAMBRIDGE
CITY SCHOOL UGANDA

Location: LUKULI-KONGE, MAKINDYE-KAMAPALA (U)

Tel: +256 705 862 902, +256 703 479 548, +256 787 184 706

Email: sficambridgecityschoolug.ed@gmail.com

Website: <https://sficambridgecityschoolugeduc.com>

STUDENT'S PASS OUT PERMISSION FORM

To be completed by the school authority and the Contact Person

This section is to be completed by the school authority e.g. Director, Principal, Bursar, DOS

STUDENT NAME:

STUDENT'S PHONE NO. (Where applicable):

CLASS/GRADE:

REASON FOR PASSOUT:

PERSON TO SEE (Where applicable):

RELATIONSHIP WITH THE PERSON TO SEE (Where applicable):

DATE OF PASS OUT ISSUANCE:

TIME OUT:

EXPECTED DATE OF RETURN:

RETURN TIME:

ISSUED BY..... SIGN.....

Where applicable, this section is to be completed by the person the student is meant to see (Contact Person)

STUDENT'S ARRIVAL DATE:

ARRIVAL TIME:

CONTACT PERSON'S NAME..... PHONE NO.....SIGN.....

This section is to be completed by the school authority e.g. Director, Principal, Bursar, DOS

DATE AND TIME RETURNED: DATE

TIME

RECEIVED AT SCHOOL BY.....SIGN.....

N.B The student (Pass out recipient) should uphold the pass out terms and conditions, and always carry with them, this pass out permission form upon their return to school.