

Exit Pass Replacement Form

(Must be filled out by parent of guardian for each student)

Student Name _____

Age _____ Grade _____ School _____

Address _____ City _____ Zip _____

Contact Phone Number _____

Parent/Guardian Name (Print) First: _____ Last: _____

Parent/Guardian Signature _____

(Must have signature to be valid)

Reason for Replacement _____

**Turn in this form along with the \$5.00 replacement fee. Checks can be made out to New Life Church.
Forms will not be accepted without payment.**