**LAISSEZ-PASSER** NOM : _____ ANNÉE : _____

| Date | Départ | Retour | Motif * | Professeur | Classe |
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* O = Orientation B = Bureau
I = Infirmier(ère) T = Toilettes
C = Casier
M = Média / Bibliothèque

**AUTORISATION D'UTILISATION D'INTERNET**

Signature de l'enseignant(e) _____

Signature du parent ou gardien(ne) _____