



Columbia-Greene Educational Center  
(518) 828-4157

## FULL DAY PASS

\_\_\_\_\_, in \_\_\_\_\_,  
(Name) (Program Name)

\_\_\_\_\_, has my permission to attend the  
(Home District)

**Columbia-Greene Educational Center** all day on

\_\_\_\_\_ to \_\_\_\_\_  
(Date) (Reason)

### Approval Signatures:

CGEC Instructor: \_\_\_\_\_ Date \_\_\_\_\_

Parent: \_\_\_\_\_ Date \_\_\_\_\_

Home School Counselor: \_\_\_\_\_ Date \_\_\_\_\_

Admin. Home School: \_\_\_\_\_ Date \_\_\_\_\_

CGEC Administrator: \_\_\_\_\_ Date \_\_\_\_\_