
Bathroom Sign Out Sheet Template

- Date: _____
- Teacher: _____
- Classroom: _____

Time Out	Name	Time In	Teacher's Initials	Checked Out
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

- **Instructions:** Fill in your name, time out, time in, and teacher's initials when you return. Check the box if leaving during a scheduled break.