



**J.A. ALLARD ELEMENTARY**

170 Shafer Road • Moon Township, PA 15108 • (412) 264-9440 x4000 • Fax (412) 604-1693 • www.moonarea.net

**ELEMENTARY VACATION REQUEST FORM**

STUDENT'S NAME: \_\_\_\_\_

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

REASON/DESTINATION: \_\_\_\_\_

VACATION START DATE: \_\_\_\_\_ VACATION END DATE: \_\_\_\_\_  
(FIRST DAY OF ABSENCE) (LAST DAY OF ABSENCE)

TOTAL # OF DAYS OUT: \_\_\_\_\_ (DO NOT COUNT WEEKENDS OR "NO SCHOOL" DAYS)

*NO STUDENT WILL BE APPROVED BEYOND A TOTAL OF 10 DAYS FOR THE SCHOOL YEAR. IF YOU ARE TRAVELING TO A HIGH-RISK AREA, WE RECOMMEND THAT YOU REVIEW THE ALLEGHENY COUNTY HEALTH DEPARTMENT GUIDANCE PAGE FOR TRAVEL QUESTIONS AND PROTOCOL.*

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE

\*\*\*\*\*  
TEACHER COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK WILL BE PROVIDED BEFORE OR AFTER THE VACATION BASED ON TEACHER DISCRETION. EXCUSED TIME REQUIRES THAT ALL SCHOOL WORK BE COMPLETED IN A TIMELY MANNER. WORK NOT COMPLETED WILL BE EVALUATED AS A ZERO (0).

- [ ] **REQUEST DENIED**
  - [ ] ABSENTEEISM HAS BEEN HABITUAL.
  - [ ] REQUEST NOT GRANTED AT THIS TIME DUE TO ACADEMIC PERFORMANCE.
  - [ ] THE REQUEST HAS NOT BEEN RECEIVED IN A TIMELY MANNER.

- [ ] **REQUEST APPROVED**  
ALL SCHOOL WORK MUST BE COMPLETED TO INCLUDE: ASSIGNMENTS, CLASSWORK AND EXAMS. COMPLIANCE WITH THIS ITEM IS THE RESPONSIBILITY OF BOTH STUDENT AND PARENT(S).



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PRINCIPAL'S SIGNATURE

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TODAY'S DATE