

**FRANKLIN MONROE  
FAMILY LEAVE/VACATION FORM**

**Leave/Vacation Policy:**

Every attempt should be made by students and parents to schedule family leave and vacations (religious or educational included) during periods of time when school is not in session. If a vacation or leave is unavoidable during the time in which school is in session, the parent must contact the school a minimum of five (5) school days prior to the absence. Homework will only be given to those students who submit their vacation form five (5) days in advance. **All hours missed will count toward the total permitted by the Franklin Monroe School Board Attendance Policy.**

If approved, parents and students are responsible for any assignments missed (homework, projects, reports, tests, etc). Makeup work shall be completed on the day of return to class including any tests or quizzes at the discretion of the teacher. It is the responsibility of the student to check with the teachers to ensure all work has been made up.

Unexcused days will result in zeros (0) for all work in which a grade is taken. Outside/private tutoring will be recommended for any unexcused leave/vacations hours.

The absence will be on the basis of student attendance. Absences during required state testing periods will not be approved. Request that fall outside of the above guidelines will be reviewed and final judgment will rest with the administration.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date(s) student will be absent from school: \_\_\_\_\_

Please give brief explanation of destination or reason for leave: \_\_\_\_\_

How many vacation or leave hours has your child taken during this school year? \_\_\_\_\_

How many days of school has your child missed during this school year? \_\_\_\_\_

How many school days will your child miss on this vacation/leave? \_\_\_\_\_

Parent Signature \_\_\_\_\_

**All missed hours will count toward the total permitted by the Franklin Monroe School Board Attendance Policy (see student handbook for attendance policies).**

To be completed by your child's teacher:

Teacher's Name	Subject	Grade	Teacher Comment:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TO BE COMPLETED BY THE OFFICE:**

Hours Excused \_\_\_\_\_ Hours Unexcused \_\_\_\_\_ Reason for unexcused days: \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date: \_\_\_\_\_