

Homeroom Teacher: \_\_\_\_\_ Date Form Issued: \_\_\_\_\_

Date Form Returned: \_\_\_\_\_

**ABSENCE DUE TO FAMILY VACATION**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Requested Dates of Family Vacation: \_\_\_\_\_

Number of Days Requested: \_\_\_\_\_

1. A student will be given an equal number of days missed from school for vacation to complete missed work.
2. Form must be requested at least 5 school days before affected days and returned at least 2 school days before the affected days.
3. A conference with the principal may be required.

All teacher(s) must sign below. If a teacher has reservations about the student missing school, appropriate concerns should be documented in the comments section below.

Subject	Comments	Grade to Date	Teachers Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian Contact: \_\_\_\_\_ Date \_\_\_\_\_ Conference with Principal (If Required): \_\_\_\_\_ Date \_\_\_\_\_