



Indian River School District Vacation Request Form

Date: _____ School/Code: _____

Student Name: _____ Grade: _____ Student ID: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Dates requested for vacation: From: _____ To: _____

Destination and Purpose: _____

Day's requested beyond Board of Education Policy: _____

Student Achievement Information (school officials to fill out)

Days absent last year: _____

Days absent this year: _____

Course	Grade	Teacher Signature

Passing Minimum Competencies? Yes ___ No ___

Principal Recommendation Approve _____

Disapprove _____

Signature _____

Date _____

Superintendent Recommendation Approve _____

Disapprove _____

Signature _____

Date _____