



**Indian River School District
Vacation Request Form**

(Must be submitted to School Principal within 5 School Days of Vacation)

These requests may be granted on a case by case basis with consideration of the student's existing attendance record, grades, number of days requested, justifiable cause/purpose for request.

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: _____

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's Recommendation: _____ Approve _____ Disapprove

Signature: _____ Date: _____