

NORTHGATE SCHOOL DISTRICT
Student Vacation Request Form - During School Term

Name: _____ Grade: _____

Please list your teachers, subjects and have your teachers initial below so that they are aware of your absence(s) from school due to vacation.

Teacher	Subject	Teacher's Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list the date (s) you will be absent from school due to vacation:

Please indicate your vacation destination and educational benefit:

List any significant educational experience(s) you plan to encounter during vacation.

I hereby agree to do any and all assignments given to me during my absence from school.

Student Signature _____

I understand that I am responsible for the education of my child while he/she is absent from school. I will check with my child's teacher(s) to determine how he/she can make up missed assignments. I further affirm that this request for an excused absence from school is for the purpose of providing a new educational experience for the student(s) involved. I accept the discretionary authority of the school principal to determine the validity of this request.

Parent/Guardian Signature _____