

VACATION FORM

Date of Request: _____

Student's Name: _____ Grade: _____

Dates Absent: From _____ To _____

Our family will be out of town. The reason for this extended absence is:

In accordance with State law, days missed due to vacation are recorded as unexcused absences.

We (I) are (am) aware that grades may suffer because of vacation absences. We (I) are (am) requesting assignments from teachers whenever possible. We (I) agree that the days missed will be counted towards the twenty (20) days (ten (10) days under the high school block format) allowed for absences.

Teachers: Please Initial Below

(Indicates assignments discussed/given)

Period /Block	Class	Teacher
1		
2		
3		
4		
5		
6		
7		
8		
9		

Student Signature (M.S. & H.S.)

Parent's Signature

Principal's Signature