Montrose Jr/Sr High School

Attendance/Discipline Office

75 Meteor Way, Montrose, PA 18801

Office 570-278-6218/ Fax 570-278-6280

Vacation Request Form

Student _____ Grade _____

Requested Dates of Absence: _____

Reason for Trip/Absence: _____

Student- By completing and signing this form, I acknowledge that I am responsible for getting my assignments from my teachers at least 2 days prior to my departure and will turn in all of my assignments with in three (3) days of return to school, unless otherwise specified.

Student Signature_____Date_____

Teachers Initials- I acknowledge that the above student has seen me for their assignments for the above mentioned dates.

Pd. 1 _____ **Pd. 2** _____ **Pd. 3** _____

Pd. 4 _____ **Pd. 5** _____ **Pd. 6** _____

Pd. 7 _____ **Pd. 8** _____ **Pd. 9** _____

Parent- Please note that your child will be responsible to communicate their absence with their teachers at least 2 days prior to their trip. School policy allows for a maximum of 12 absences, not including medical excused absences from a physician. Preapproval at the school's discretion based on each student's current attendance. Forms should be submitted to the Assistant Principals office no earlier than one week in advance, but at least 2 full school days before the request absence.

Parent Signature _____Date_____

For Office Use Only

Attendance Percentage: _____ Illegal or Unexcused Absences: _____ Total Days Absent to Date: _____

Administrator's Signature: _____ Approved: _____ Denied: _____