

Keystone Elementary School

Vacation Request Form

DATE_____

STUDENT NAME_____

GRADE/TEACHER_____

Please complete and return this form at least 5 days prior to the planned absence. Vacation days may not exceed 5 days per school year.

The student is required to make up assignments as directed by his/her teacher. The student has the same amount of days absent to complete the work after he/she returns.

(2 days absent = 2 days to complete work after student returns)

DATES OF REQUEST_____

REASON FOR REQUEST_____

PARENT SIGNATURE_____

Office Use Only

APPROVED_____ DENIED_____

PRINCIPAL SIGNATURE_____

SUPERINTENDENT SIGNATURE_____

Copies: Parent
 Teacher
 Principal