

VACATION REQUEST FORM

Student's Name _____ Grade _____

Leave Begins _____ Leave Ends _____ Return to School _____
Month/Day/Year Last day of leave Month/Day/Year Month/Day/Year

This is a request for Excused Leave for my child for the following reason: _____

Parent's Signature _____

_____ Date

Status of Student in all Subjects

Teacher	Subject	Days Absent	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Excused Time Requires **ALL SCHOOL WORK TO BE COMPLETED** upon return to school. Work not complete will be evaluated as 0%.

Reason for denial of request:

1. _____ Absenteeism has been habitual
2. _____ Teachers suggest that the request should not be granted at this time due to poor academic performance
3. _____ The request is not proper or timely

All School work must be complete to include: Assignments, exams, mid-terms, and Final exams. Compliance with this is the Responsibility of **Both** Parents and students.

Principal _____

_____ Date