



AMELIA HIGH SCHOOL VACATION REQUEST FORM

This form should be completed approximately two weeks prior to scheduled vacation.

A. PARENT REQUEST:

Student Name _____

Student ID _____

Dates of Vacation _____ to _____

Parent/Guardian Signature _____ Date _____

Parent Comments/Reason _____

B. TEACHER NOTIFICATION/initials for student makeup work:

Bell 1 _____

Bell 2 _____

Bell 3 _____

Bell 4 _____

Bell 5 _____

Bell 6 _____

Bell 7 _____

C. STUDENT RETURNS COMPLETED FORM TO THE ATTENDANCE OFFICE.

D. OFFICE USE ONLY

Principal excused Y N

Principal Signature

Principal Comments _____
