VACATION FORM



RETURN THIS FORM TO THE SCHOOL OFFICE AT LEAST ONE WEEK IN ADVANCE OF YOUR VACATION.

	TO: Teachers of			Grade
		(Student Name)		
	RE: Vacation to			
Me The parent/s	\/guardian(s) of			roquest
, we. The parent(s)/guardian(s) of	(Student Name)		request
homework for my/our child for the dates of			through	
,		(month/day/year)		(month/day/year)
All work assigned du individual teacher.	ring this time will be complet	ed upon return to schoo	l or by special arr	angement with each
	t vacation days <u>do</u> count towa without a doctor's excuse. Cre			
* Should atten	dance hours be at or over 72 h	ours, the student will be	notified by the ac	dministration. *
Parent/Guardian Pri	nted Name			
Parent/Guardian Signature			Date	
Vacation:	Excused Unexcused	d 		
orginature of Aurillins			Date	
TEACHER	SUBJECT	ASSIC	SNMENT GIVEN	
	1			