VACATION FORM

	7		
	TO: Teachers of	(Student Name)	Grade
I/We. The parer	at(s)/guardian(s) of		request
homework for n	ny/our child for the dates	ofthrough	·
each individual t	eacher. I/We understand	completed upon return to school or by special a d that vacation days do count towards hours of a as unexcused without a doctor's excuse.	-
** Ac	_	nust be obtained prior to submission to the tea loes not have a problem with attendance. **	ichers
Signature of Adı	ministrator	 Date	
TEACHER	SUBJECT	ASSIGNMENT GIVEN	

Parent/Guardian Signature Date

RETURN THIS FORM TO THE OFFICE AT LEAST <u>ONE WEEK</u> IN ADVANCE OF YOUR VACATION.