VACATION FORM

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

TO: Teachers of _____ Grade _____
(Student Name)

RE: Vacation to _____

I/We. The parent(s)/guardian(s) of _____ request
(Student Name)

homework for my/our child for the dates of _____ through _____.
(month/day/year) (month/day/year)

All work assigned during this time will be completed upon return to school or by special arrangement with each individual teacher.

I/We understand that vacation days **<u>do</u>** count towards hours of absence, and any subsequent hours over 72 will be coded as unexcused without a doctor's excuse. Credit will **<u>not</u>** be issued for any work from an absence that is coded unexcused.

**** Should attendance hours be at or over 72 hours, the student will be notified by the administration. ****

_____ _____
Parent/Guardian Signature ***Date***

**** Administrative signature required prior to submission to the teachers to verify the student does not have a problem with attendance. ****

Vacation: _____ ***Excused*** _____ ***Unexcused***

_____ _____
Signature of Administrator ***Date***

TEACHER	SUBJECT	ASSIGNMENT GIVEN

Revised 9/22