

# VACATION FORM

This form must be completed and returned at least two (2) weeks before the start of the vacation date requested. A form must be completed and returned to the school principal in which each child attends.

Conditions of approval:

1. Limited to ten (10) school days during one school year.
2. Assignments are to be completed and turned in according to Board of Education attendance policy.
3. Vacation days will not be approved during regularly scheduled exams or Ohio Achievement Tests.

\_\_\_\_\_  
 Name of Parent/Guardian Telephone

\_\_\_\_\_  
 Address City Zip Code

List all children attending St. Henry Schools requesting vacation:

_____ Name of Student	_____ Grade	_____ School
_____ Name of Student	_____ Grade	_____ School
_____ Name of Student	_____ Grade	_____ School

Date(s) of vacation: \_\_\_\_\_

Indicate the educational advantages of the vacation (activities, sites to visit, etc.):

\_\_\_\_\_

\_\_\_\_\_

Explain the reason (s) why you've decided to take a vacation at this time and not during the regular school calendar vacation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent and/or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Principal

\_\_\_\_\_  
Date