

VACATION FORM

This form must be completed and returned at least two 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 school days during one school year
2. Assignments are to be completed and turned in according to Board of Education attendance policy.

Name of Parent/Guardian

Telephone

Address

List all children attending St. Henry Schools requesting vacation:

Name of Student

Grade

School

Name of Student

Grade

School

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/Guardian

Date

Building Principal

Date