

KEYSTONE ELEMENTARY SCHOOL
VACATION REQUEST FORM

_____ Date

STUDENT'S NAME _____

GRADE _____

TEACHER _____

Please complete and return this form to the principal several days in advance of your vacation. Vacation days may not exceed five days per school year.

The student is required to make up assignments as directed by his/her teacher. The guardian(s) will ensure this is done. The student has the same amount of days absent to complete the work after he/she returns. (2 days absent = 2 days to complete work after student returns)

DAYS OF REQUEST _____

REASON FOR REQUEST _____

_____ Parent's Signature

Assignments for period of absence (to be completed by the classroom teacher)

_____ REQUEST GRANTED

_____ REQUEST DENIED

_____ Principal's Signature

_____ Date

Copies: Parent
Teacher
Principal