

PRE-APPROVED VACATION FORM

STUDENT'S NAME _____ GRADE _____

ADDRESS _____

(STREET)

(CITY)

PHONE _____

(HOME)

(WORK)

REASON FOR REQUEST _____

DATE(S) _____ DATE RETURNING _____

STUDENT'S SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

CLASS SCHEDULE

PERIOD 1 _____ TEACHER'S INITIAL

PERIOD 2 _____ TEACHER'S INITIAL

PERIOD 3 _____ TEACHER'S INITIAL

PERIOD 4 _____ TEACHER'S INITIAL

PERIOD 5 _____ TEACHER'S INITIAL

PERIOD 6 _____ TEACHER'S INITIAL

PERIOD 7 _____ TEACHER'S INITIAL

PERIOD 8 _____ TEACHER'S INITIAL

PERIOD 9 _____ TEACHER'S INITIAL

APPROVED BY:

PRINCIPAL

NOTE: IN ORDER TO BE APPROVED, THIS FORM
MUST BE COMPLETED ONE(1) WEEK PRIOR TO THE
STUDENT'S VACATION.