

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.