

# Keystone Elementary School

## Vacation Request Form

DATE\_\_\_\_\_

STUDENT NAME\_\_\_\_\_

GRADE/TEACHER\_\_\_\_\_

Please complete and return this form at least 2 days prior to the planned absence. Vacation days may not exceed 5 days per school year.

The student is required to make up assignments as directed by his/her teacher. 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)

DATES OF REQUEST\_\_\_\_\_

REASON FOR REQUEST\_\_\_\_\_

PARENT SIGNATURE\_\_\_\_\_

### Office Use Only

APPROVED\_\_\_\_\_ DENIED\_\_\_\_\_

PRINCIPAL SIGNATURE\_\_\_\_\_

SUPERINTENDENT SIGNATURE\_\_\_\_\_

Copies:   Parent  
              Teacher  
              Principal