

# Woodridge Local School District

## VACATION REQUEST

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Vacation Request Dates From \_\_\_\_\_ through \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Approved by \_\_\_\_\_

## SCHEDULE

Period	Subject	Teacher	Teacher Initial
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

The maximum number of excused vacation request days granted during the school year is five (5). Any days over that will be considered unexcused.

Number of school days student is to be absent \_\_\_\_\_

Above student is responsible for all work missed and getting assignments in advance.

Student is to return form to principal after parent's/guardian's signature, and the completed form must be turned in to the Main Office at least three (3) days before leaving. Failure to follow these procedures will result in an unexcused absence..

7/09

10/22/14