

CANAL WINCHESTER SCHOOLS

VACATION REQUEST

Student Name _____ Grade _____

Dates of Vacation:

First day of school student will miss _____

Date student will be **returning to school** _____

Vacation Destination:

Please print Parent/Guardian Name

Parent/Guardian Signature

It is the responsibility of the student to complete a vacation form one (1) week prior to leaving. For more information on Vacation Procedures, see the Student/Parent Handbook.

Please list all of your teachers below:

TEACHERS: Please give student makeup work prior to the first day of vacation.

OFFICE USE ONLY: Days absence YTD _____

ADMINISTRATION APPROVAL: _____