

Vacation Request Form

PART I: To be completed by the parent/guardian

Vacations taken during the school year are not encouraged. However, when vacations are planned, parents/guardians must submit a vacation form from the office at least one week prior to the departure date. This allows time to inform teachers to organize their expectations of missed schoolwork. It is the student's responsibility to obtain all assignments and see that they are completed upon returning to school. The nature and length of the assignments, as well as the make-up of any missed assignments, is at the discretion of the classroom teacher. Any vacations not pre-approved will be considered unexcused absences.	Child's Name: Child's School: Date(s) Requested: Destination & Educational Benefit:	Form Completion Date: I am requesting an excused absence for my child as detailed below:
	I understand that I am responsible for the education of my child while he/she is absent from school. I will check with my child's teacher(s) to determine how he/she can make up missed assignments. I further affirm that this request for an excused absence from school is for the purpose of providing a new educational experience for the student(s) involved. I accept the discretionary authority of the school principal to determine the validity of this request. Parent/Guardian Name: Parent/Guardian Signature:	Child's Name: Child's School: Date(s) Requested: Destination & Educational Benefit: Destination & Educational Benefit: Destination & Educational Benefit: I understand that I am responsible for the education of my child while he/she is absent from school. I will check with my child's teacher(s) to determine how he/she can make up missed assignments. I further affirm that this request for an excused absence from school is for the purpose of providing a new educational experience for the student(s) involved. I accept the discretionary authority of the school principal to determine the validity of this request. Parent/Guardian Name: Parent/Guardian Signature:
PART 2: To be completed by the principal Principal's Signature: Date: Circle One: Approved Unapproved		Child's Name: Child's School: Date(s) Requested: Destination & Educational Benefit:

St. Bernard Catholic School A Pennsylvania Charitable Trust Mrs. Tina Bucci, Principal 300 Clairvaux Drive, Indiana, Pa 15701 (724) 465-7139