

Johnstown-Monroe School District Vacation Request

Date of Request: ____/____/20 ____

Student Name: _____

Parent/Guardian Name: _____
(Sign and date form prior to submitting*)

Reason for Absence/Destination: _____

Student will be accompanied by: _____

Dates of School Days Missed: ____/____/20____ to ____/____/20____

In order for a vacation to be excused, a vacation request must be completed one (1) week in advance. Also please note that these vacation days will be counted toward the hours.

1. List all of the student's teachers.
2. Obtain signatures from all teachers.
3. Submit completed form to the building administrator.

Teacher Name (to be completed by student)	Teacher Signature	Date

*Parent/Guardian Signature: _____ Date: _____

Administrator Signature: _____ Date: _____