

ST. JOHN'S LUTHERAN SCHOOL
510 Kewaunee Street
Racine, WI 53402

VACATION REQUEST AGREEMENT:

For _____
(child's name or children's names)

I hereby request permission to take my child(ren) on vacation during the extended period of

_____ , 20_____
(month) (days) (year)

Realizing any missed school days can be a barrier to my child(ren)'s formal education, I am assuming full responsibility of seeing that my child(ren)'s assigned and make-up work will be completed satisfactorily. I will also check with my child(ren)'s teacher to follow through with my commitment.

Signed _____

Comments:

Please return this form to your child(ren)'s classroom teacher(s).