

VACATION REQUEST AGREEMENT

ST. JOHN'S LUTHERAN SCHOOL

For: (child/ren's name and grade)

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

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

Month _____ Date(s) _____ 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 assignments 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: _____ Date: _____

Comments:

Please return this form to the school office to be entered into our attendance system. The school office will make a copy/ies and distribute to the correct teacher/s. Thank you!