\*This form will need to be completed only if your child will be out of school for more than 2 consecutive days. Complete the top portion, have your child take it to each one of their teachers for their signature, and then return it to the office for final approval. If your child is only going to be gone 1-2 days, send a note into the office, and have your child request homework in advance.

## **BLUFFTON EXEMPTED VILLAGE SCHOOL VACATION REQUEST FORM**

W		1	vacation leave for our son, We intend to be on vaca	O
			and will	
			We understand that it is or	
			– return all work which may be assig	
•	· ·	•	ed within a reasonable amount of t	
return.	Teachers are	not required to n	nake extensive assignments or pu	rsue their
complet	ion when stud	ents go on vacation	on. Vacations which fall the last we	eek of any
semeste	r may not be a	pproved.		
PARFN	TS SIGNATII	RF.		
TAKLI	15 51611110	KL		
DATE (	OF REQUEST:			
Teacher	s: Please ackn	owledge the abo	ve absence by checking and initiali	ng below.
			le and at your discretion. Although	
is not in	good academi	c standing, vacati	on leave may still be approved by the	he office.
	IN GOOD STANDING	IN POOR STANDING	TEACHERS COMMENTS	INITIAI
T PERIOD				
D PERIOD				
D PERIOD				
H PERIOD		-		
H PERIOD				
H PERIOD				
H PERIOD				

8<sup>TH</sup> PERIOD

**OFFICE SIGNATURE:**