

# Buckeye Valley Elementary Schools

## Vacation Request Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Vacation: \_\_\_\_\_

Reason for request {Please be specific}: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

\*Principal's Signature: \_\_\_\_\_

***\*Signature indicates acknowledgement only, not necessarily approval.***

**FORM MUST BE SIGNED BY BOTH PARENT AND TEACHER BEFORE  
SUBMITTING TO PRINCIPAL.**

Yes	No	Subject	Teacher Signature

**Teacher approval is not required for a vacation to be granted. However, it should be noted that any teacher marking "no" on this form indicates that this student's academic standing in the respective class may be jeopardized by absence resulting from this vacation. The parents of this student will be notified of any "no" responses.**

**This form is to be returned to the principal's office at least ten (10) days prior to requested vacation date.**