

VACATION/ OUT OF TOWN REQUEST FORM

SLEEPY EYE ELEMENTARY SCHOOL

Date of Request: _____

Note: The parent **MUST** complete this form one week prior to leaving and bring the form in to talk to Mr. Cselovszki directly and get his approval before this request will be approved.

Student Name _____ **Grade** _____ **Teacher** _____

Student Name _____ **Grade** _____ **Teacher** _____

Student Name _____ **Grade** _____ **Teacher** _____

Student Name _____ **Grade** _____ **Teacher** _____

Parent/Guardian Name (printed) _____

Dates of requested absence:

1st date gone _____ **through final date gone** _____.

Exact Date Returning to school: _____.

Specific Reason for absence, this must include the exact reason for going out of town/state/vacation: _____

X Parent Signature _____ **Date:** _____

***Homework will be expected to be completed one week after returning to school. Homework will not be given prior to this absence.**

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Office Use Only:

Office Verification _____ **Principal Approval** _____ **Date:** _____

Teacher notified on: _____