

# 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** \_\_\_\_\_

**Parent/Guardian Name (printed)** \_\_\_\_\_

**Dates of requested absence:**

**1<sup>st</sup> 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:** \_\_\_\_\_