

VACATION/OUT OF TOWN NOTIFICATION FORM
SLEEPY EYE ELEMENTARY SCHOOL

Date Notified:_____

***Please notify the office 1-2 weeks prior to vacation.**

Student Name_____ Grade_____ Teacher_____

Student Name_____ Grade_____ Teacher_____

Student Name_____ Grade_____ Teacher_____

Student Name_____ Grade_____ Teacher_____

Parent/Guardian Name (printed)_____

Dates of absence:

1st date gone _____ through final date gone _____.

Exact date returning to school: _____.

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.**

Office Use Only:

Office Verification _____ Teacher Notified _____ Date: _____