

# 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 \_\_\_\_\_

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.

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Office Use Only:

Office Verification \_\_\_\_\_ Teacher Notified \_\_\_\_\_ Date: \_\_\_\_\_