



LICKING HEIGHTS LOCAL SCHOOLS

6539 Summit Rd. SW, Pataskala, OH 43062

p. (740) 927-6926 | f. (740) 927-9043

VACATION REQUEST FORM

Student Name	Student ID	Grade	Vacation Begins	Vacation Ends

PARENT INSTRUCTIONS: **Complete the information above and return this form with your signature at least five (5) school days before your vacation is scheduled to begin.** Make sure your child knows to turn in this form at the office before taking it to his/her teachers. Upon approval by the school administrator, this form will be returned to your child to collect assignments from his/her teachers.

After the school administrator has approved the vacation request your child is responsible for presenting this form to each of his/her teachers and gathering assignments they will miss while on vacation. **ONLY 5 VACATION DAYS WILL BE EXCUSED PER SCHOOL YEAR. All assignments are due the first day your child returns to school. Any tests, quizzes, or other assessments that are missed while on vacation must be completed by the first day your child returns to school.**

Parent Signature

Date

Principal/Admin Signature

Date



GIVE THIS FORM TO THE ATTENDANCE SECRETARY FOR APPROVAL 5 DAYS BEFORE YOU LEAVE FOR VACATION

TEACHER INSTRUCTIONS: Provide the student with the work they will miss while on vacation and sign in the space below. Your signature is confirmation that you have provided all homework, quiz, and/or test information to the student.

Period	Subject	Teacher Signature
1		
2		
3		
4		
5		
6		
7		