



REQUEST FOR PRE-APPROVED VACATION / EXTENDED ABSENCE

This form must be submitted at least 5 school days in advance of the requested absence for administrative review. Approval is subject to school policy.

STUDENT INFORMATION

Student Name: _____ Grade: _____

Classroom Teacher (K-6) / Advisor (7-12): _____

VACATION/TRAVEL DETAILS

Destination/Location of Vacation: _____

Dates of Absence: From _____ To _____ (Total Days: _____)

Reason for Request (brief description):

EDUCATIONAL VALUE

Describe how this vacation/travel provides educational benefit (cultural, historical, scientific, etc.):

PARENT/GUARDIAN AGREEMENT

- ☐ Assignments missed during this absence must be completed on time.
- ☐ Excessive absences may affect academic performance and promotion.
- ☐ Approval is not guaranteed and depends on attendance and academic standing.

Parent/Guardian Name: _____ Date Submitted: _____

Signature: _____

TEACHER REVIEW Classroom Teacher (K-6) / Advisor (7-12)

Please comment on potential academic impact of the requested absence:

Teacher Signature: _____ Date: _____

ADMINISTRATIVE REVIEW (Office Use Only)

☐ Excused ☐ Unexcused

Date Reviewed: _____

Reason if Denied: _____ Admin Signature: _____