



ADMINISTRATIVE OFFICES

8353 University Boulevard • Moon Township, PA 15108 • (412) 264-9440 • Fax (412) 264-3268 • www.moonarea.net

ELEMENTARY VACATION REQUEST FORM

STUDENT'S NAME: _____

TEACHER: _____ GRADE: _____

REASON: _____

VACATION START DATE: _____ VACATION END DATE: _____

TOTAL # OF DAYS OUT: _____ (DO NOT COUNT WEEKENDS OR "NO SCHOOL" DAYS)

NO STUDENT WILL BE APPROVED BEYOND A TOTAL OF 10 DAYS FOR THE SCHOOL YEAR.

PARENT/GUARDIAN'S SIGNATURE TODAY'S DATE

TEACHER COMMENTS

WORK WILL BE PROVIDED BEFORE OR AFTER THE VACATION BASED ON TEACHER DISCRETION. EXCUSED TIME REQUIRES THAT ALL SCHOOL WORK BE COMPLETED IN A TIMELY MANNER. WORK NOT COMPLETED WILL BE EVALUATED AS A ZERO (0).

[] **REQUEST DENIED**

- [] ABSENTEEISM HAS BEEN HABITUAL.
- [] REQUEST NOT GRANTED AT THIS TIME DUE TO ACADEMIC PERFORMANCE.
- [] THE REQUEST HAS NOT BEEN RECEIVED IN A TIMELY MANNER.

[] **REQUEST APPROVED**

ALL SCHOOL WORK MUST BE COMPLETED TO INCLUDE: ASSIGNMENTS, CLASSWORK AND EXAMS. COMPLIANCE WITH THIS ITEM IS THE RESPONSIBILITY OF BOTH STUDENT AND PARENT(S).

PRINCIPAL'S SIGNATURE

TODAY'S DATE