



## STUDENT VACATION REQUEST FORM

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

TEACHER(S) \_\_\_\_\_

Please be sure to have read and understand the Attendance Policy in the GCS Parent/Student Handbook. Please complete and return this form to the administrative office **2 weeks** in advance of your vacation. Vacation days may not exceed 10 days per school year.

The student is required to make up assignments as directed by his/her teacher(s). The Parent or Guardian will ensure this is done. The student has the same amount of days absent to complete the work after he/she returns. (2 days absent = 2 days to complete work after student returns)

DAYS OF REQUEST \_\_\_\_\_ REASON FOR REQUEST \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR SCHOOL USE**

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please provide copy for each teacher to ensure make up work is prepared.