

COLUMBIANA HIGH SCHOOL
REQUEST FOR VACATION/STUDENT LEAVE FORM

Student's Name _____ Grade _____ Phone _____

Number of days absent to date _____

Date of Vacation: Starting date _____ Ending date _____

Total number of school days requested _____ (5 days maximum). Vacation days will count toward the 9 day semester and 18 day absence policy. Student must be accompanied by parent, legal guardian, or adult family member. Vacation request forms must be completed and signed by the parent, submitted to the principal for approval, and then signed by each teacher one week prior to the vacation starting date. Students are responsible for turning in all assignments on time.

Location of vacation and comment: _____

Parent Signature: _____ Date: _____

Principal: _____ Date: _____

Subject	Teacher Signature	Make-Up Work
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____