

Vacation / Miscellaneous Absence Request

This form must be completed and returned to the school principal prior to the start of the vacation date requested. (A separate form must be completed for each child)

Conditions for approval:

1. Limited to five (5) school days during one school year. Approval of additional vacation days will be at the discretion of the Superintendent.
2. Students/Parents are encouraged not to request vacation days beyond the five (5) day limit as attendance is vital to educational success.
3. Assignments are to be completed and turned in according to Board of Education attendance policy.
4. Students/Parents are encouraged not to request vacation days during regularly scheduled exams, Ohio mandated achievement/graduation tests, and state stipulated count weeks.
5. High School ONLY: Teacher and Administrator acknowledgement section must be completed.

Name of Student

Grade

Building

List other children attending Greenville Schools who are submitting a vacation request form.
(Separate forms must be turned in for each child)

Name of Student

Grade

Building

Name of Student

Grade

Building

Name of Parent/Guardian

Phone

Address

City

Zip

Date of Vacation: _____

Indicate education advantage of vacation (activities, sites to visit, etc.)

Explain reason(s) at this time (why not during regular calendar vacation?).

Signature of Parent/Guardian

Date

HIGH SCHOOL STUDENTS ONLY – TEACHER ACKNOWLEDGEMENT

(Please initial by period)

Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10

____ Recommend Approval ____ Does not meet guidelines

____ Approved

____ Disapproved

Building Principal

Date

Superintendent

Date