

Brookfield Local School District

REQUEST FOR PRE-PLANNED ABSENCE

Student's Name: _____ Grade: _____ Phone: _____

NUMBER OF DAYS ABSENT TO DATE: _____

Dates 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. Students must be accompanied by parent or legal guardian. 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 before a vacation starting date. Students are responsible for turning in all assignments on time.

Location of vacation and comments: _____

Parent Signature: _____ Date: _____

Principal Approval: _____ Date: _____

TEACHER SIGNATURE	SUBJECT	MAKE-UP WORK
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____