CARMAN-AINSWORTH COMMUNITY SCHOOLS ELEMENTARY STUDENT HANDBOOK



Elementary School Vacation Request Form

Dear Parent: You have requested an excused family vacation absence for your student, _____, for the dates beginning _____ and ending _____. This is a total of _____school days. It is acknowledged that absences beyond five (5) school days may be difficult to make up and can compromise a student's academic progress. It should be understood that it is not always appropriate to assign work prior to instruction. Upon return to school, it is the student's responsibility to make arrangements with the teacher(s) for obtaining and submitting make-up work. Student's total absences to date: _____ Teacher's Signature: _____ Date: ____ Principal's Signature: Date: _____ STATEMENT OF ACCEPTANCE I understand the conditions listed above. I also agree to take full responsibility for the work missed with the understanding that grades will be affected if work is not made up. I further agree that my child will be expected to assume responsibility for requesting and completing any work missed. Parent/Guardian Signature: Date: