

BUILDING VALUES



MASTERING SCHOLARSHIP

BUCKEYE VALLEY MIDDLE SCHOOL

683 Coover Road Delaware, OH 43015
740-363-6626 Fax 740 363-4483

VACATION REQUEST FORM

NAME: _____ GRADE: _____ PHONE: _____

DATES OF VACATION: _____

REASON FOR REQUEST (PLEASE BE SPECIFIC): _____

PARENT/GUARDIAN SIGNATURE: _____

PRINCIPAL'S SIGNATURE*: _____

*SIGNATURE INDICATES ACKNOWLEDGEMENT ONLY, NOT NECESSARILY APPROVAL.

FORM MUST BE SIGNED BY BOTH PARENT AND PRINCIPAL BEFORE SUBMITTING TO TEACHERS

PERIOD	SUBJECT	TEACHER'S SIGNATURE	ASSIGNMENT
1			
2			
3			
4			
5			
6			
7			
8			
9			

Teachers: Please check the box above to indicate your knowledge of the student's absence and list the assignments required to be completed by the student.

This form should be completed and returned to the attendance office at least five (5) days prior to the requested vacation date(s).

We are **B**arons who **V**alue **M**aximizing the individual and collective potential of our **S**tudents, Staff, School, and Community!