6-12 Vacation Approval Form



Fairview Park City Schools 4507 W 213th Fairview Park , OH, 44126 Phone: 440.331.5500 Fax: 440.356.3545 www.fairviewparkschools.org

1. Please fill out as much information on this form that you can.

2. This form needs to be initialed by all of your teachers.

3. Return the form to the associate principal to be signed. (This form must be turned in three days prior to your absence)

Date	
Student's Name:	Student's Grade:
Phone:	
Reason for Absence:	
Requested Dates From: Through:	Total Number of Days:
Parent/Guardian Name:	
Parent/Guardian Phone:	
Parent/Guardian Email:	
(Parent/Guardian Signature)	

(Principal Signature)

Internal Use Only

	1st	2nd	3rd	4th	5th	6th	7th	8th	9th
Will there be make-up work?									
What date is make-up work due?									
Will grade be jeopardized if make-up work is missed?									
Teacher Initials									