

Jackson Preparatory & Early College Student Vacation Request Form

Name _____ Grade _____

Vacation Start Date _____ End Date _____

Student Instructions: You are to present this request to each of your teachers. When this action has been completed, take this form home to obtain a parent's signature of approval and then return to the school office. It is your responsibility to obtain your assignments and complete the work. This form must be completed one week prior to vacation start date.

Teacher Instructions: Complete the needed information below as indicated. It is the responsibility of the student to obtain the assignments and complete them.

Block	Subject	Current Grade	Comment	Teacher Signature
1A				
2A				
3A				
4A				
5B				
6B				
7B				
8B				

Parent Instruction: This form is designed for students going on a vacation. If you believe your child is capable of accepting the responsibility as a result of their absence, please sign the statement below.

I request and approve of my child's absence from school for the dates indicated, with the understanding that it is my child's responsibility to obtain and complete all class assignments. If missed assignments are not completed, I understand that this could affect my child's grade.

Signature of Parent

Date

Signature of Principal

Date

Signature Dean of Students

Date

OFFICE USE ONLY: Date Received: _____