



ASHTABULA AREA CITY SCHOOLS

6610 Sanborn Road • Ashtabula, Ohio 44004 • Phone: (440) 992-1200

VACATION REQUEST FORM

Daily school attendance is important to the academic success of the student; therefore, vacations and absences should be limited to the shortest number of days possible. Time missed for vacation counts towards the maximum hours allowed within the attendance policy.

Date of Request: _____

(Vacation request forms need to be submitted no later than one week prior to vacation.)

Student's Name: _____

Grade: _____

Date(s) of Absence: _____

(Students may be excused for up to (5) five consecutive days.)

Reason for Absence: _____

Parent/Guardian please read the following and then sign below.

1. ALL work missed during the vacation will be made up within one week of the student's return to school. We suggest assignments be requested at least one week prior to the vacation.
2. It will be the Parent's responsibility to supervise the makeup work and to be certain it is returned to the Teacher.

Parent/Guardian Name: (Please Print) _____

Parent/Guardian Signature: _____

Principal Signature: _____

(Vacation Requests are not approved unless both Parent/Guardian and Principal have signed form.)

OFFICE STAFF: Upon approval of the vacation request please initiate the Teacher Acknowledgement Form.