



STUDENT VACATION REQUEST



Student Name: _____ YOG: _____ Advisory: _____

Absent from: _____ to _____
Day & Date Day & Date

Class / Teacher:

Teacher's Signature:

According to the WHS attendance policy, students should miss school only for illness or serious personal responsibilities which cannot be rescheduled. Even though a student may be able to do written make-up work, the classroom learning experience cannot be duplicated and often the student's skill development is negatively impacted. Sufficient vacation periods are already built into the school year calendar. These days out of school which you have requested will count against the student's attendance record. Please refer to the Attendance Policy which is explained in the Student Handbook which every student received

Parent / Guardian Signature

Principal's Signature

_____ Mr. Alfiero

_____ Ms. Koss

_____ Mr. Fiore

_____ Mrs. Roy
LST / Forms