Indian River School District
Vacation Request Form

Date:_____ School/Code:_____

Student Name:_____ Grade_____ Student ID:_____

Parent/Guardian Name:_____

Address:_____

Home Phone: _____ Cell Phone:_____

Dates requested for vacation: From:_____ To:_____

Destination and Purpose:_____

_____

_____

Day's requested beyond Board of Education Policy:_____

_____

Student Achievement Information (school officials to fill out)

Days absent last year:_____ Days absent this year:_____

Course	Grade	Teacher Signature

Passing Minimum Competencies? _____Yes _____No

Principal's Recommendation: _____Approve _____Disapprove

Signature:_____ Date:_____

Superintendent Recommendation: _____Approve _____Disapprove

Signature:_____ Date:_____

10/21/15