

# COLDWATER MIDDLE SCHOOL VACATION FORM

Student Name: \_\_\_\_\_

Destination: \_\_\_\_\_

Today's Date: \_\_\_\_\_

We, the parents/guardian of \_\_\_\_\_

request permission for our son/daughter to be excused from school on:

\_\_\_\_\_ through \_\_\_\_\_  
Date Date

We realize that all work assigned during this period will be completed by special arrangement with each individual teacher.

TEACHER SIGNATURE	SUBJECT
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

Parent Signature \_\_\_\_\_

Principal's Approval \_\_\_\_\_

**\*Principal has the right to deny vacation based on student's prior attendance and/or academic history**

**\*Vacation days are discouraged during regularly scheduled State Testing Weeks**