

Indian River School District Vacation Request Form

Date:	School/Code:_			
Student Name:		_Grade:	Student ID:	
Parent/Guardian Name:				
Parent/Guardian Signature:				
Home Phone:		Cell Phone:		
Dates requested for vacation: From:	:		To:	
Destination and Purpose:				
Day's requested beyond Board of Educ	cation Policy:			
Student Ac	chievement Info	rmation (scho	ol officials to fill out)	
Days absent last year: Days absent this year:			t this year:	
Course	Grade	Grade Teacher Signature		
Passing Minimum Competencies?	Yes	No		
Principal Recommendation	Approv	e	Disapprove	
Signature			Date	
Superintendent Recommendation	Approv	e	Disapprove	