

**New Lothrop Area Public Schools**  
**New Lothrop Elementary School**  
**VACATION FORM**

**PARENT OR GUARDIAN: PLEASE FILL OUT THE TOP OF THIS FORM AND SIGN IT.**  
**HAVE YOUR CHILD RETURN IT TO SCHOOL SO THAT THE TEACHER CAN FILL IN THE**  
**ASSIGNMENTS THAT WILL BE EXPECTED TO BE COMPLETED UPON YOUR CHILD'S RETURN TO**  
**SCHOOL. THIS FORM SHOULD BE SUBMITTED ONE WEEK PRIOR TO YOUR VACATION.**

**NAME OF STUDENT:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **SECTION:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **TELEPHONE #:** \_\_\_\_\_

**DATES OF ANTICIPATED ABSENCE:** \_\_\_\_\_

**REASON FOR REQUEST:** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_

<b>TO BE COMPLETED BY THE TEACHER:</b>
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<b>ASSIGNMENTS:</b>	<b>SIGNATURES:</b>

**TO BE COMPLETED BY THE OFFICE:**

**DATE FILED IN THE OFFICE:** \_\_\_\_\_ **AUTHORIZED SIGNATURE:** \_\_\_\_\_