



Hopewell Area School District

2354 Brodhead Road

Aliquippa, PA 15001

724-375-6691

Vacation Request Form

Student's Name _____

Grade _____

HR _____

Vacation Begins (MM/DD/YY) _____ and Ends (MM/DD/YY) _____

Total School Days _____

Reason for _____
(No student will be approved beyond a total of 10 days for the school year)

Parent's/Guardian's Signature _____

Date _____

Subject to the conditions and requirements regarding student attendance and academic progress, each principal in his/her sole discretion may approve requests for student vacations during the school year.

Request for excused absence is: Granted

Not Granted

Reason(s):

Absenteeism has been habitual

Poor academic performance

The request is not proper or timely

All schoolwork must be completed including assignments, exams, mid-terms and final exams before absence, or within three (3) days upon return to school. Work that has not been completed within the time frame indicated will not receive credit. Compliance is the responsibility of both student and parents. Students are to obtain make up work from teachers (see backside of form)

Principal's Signature _____

Date _____

Appeals of the Principal's determination may be forwarded to the Superintendent of Schools. The decision of the Superintendent shall be final.

PRIOR TO SUBMITTING FORM TO PRINCIPAL, PLEASE OBTAIN SIGNATURES FROM ALL CLASSROOM TEACHERS INDICATING THEY ARE AWARE OF YOUR VACATION REQUEST AND YOUR REQUEST FOR MAKE UP WORK.

PERIOD	TEACHER SIGNATURE	COMMENTS/CONCERNS WITH REQUEST
1		
2		
3		
4		
5		
6		
7		
8		