

[Vacation Request Form](#)

Click the following link to access the Vacation request Form. You may download and email to the document directly to a Jr. High Secretary or Mr. Katkich (katkiche@hopewellarea.org).

<http://filecabinet.eschoolview.com/99FAFA32-CF53-43DA-BB4A-038B581B8CF9/Administration/Forms/Vacation Request Form 8.pdf>



Hopewell Area School District

2354 Brodhead Road
Aliquippa, PA 15001
724-375-6691

Vacation Request Form

Student's Name Grade Homeroom

Vacation Begins and Ends Total School Days

(MM-DD-YYYY) (MM-DD-YYYY)

Reason for

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

Date

Parent's Guardian's Signature

All school work 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 parent. Students are to obtain make up work from teachers (see below).

Prior to submitting this form to the principal, please obtain signatures from all classroom teachers indicating that 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		

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.

Office Use Only

Date

Principal's Signature

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