

**WOODSTOWN MIDDLE SCHOOL
REQUEST FOR FAMILY VACATION**

*This completed form and a detailed parent note must be submitted to the WMS Office at least one week prior to the intended start of the vacation. **VACATION DAYS ARE COUNTED AS PART OF THE 12 DAYS PROVIDED IN THE ATTENDANCE POLICY #5200.***

Student Name: _____

Grade: _____

Vacation Dates: _____

First Day student will NOT be in school: _____

Day student will return to school: _____

***I understand that this vacation may interfere with my child's educational progress
and could affect their grades and/or attendance status:***

Parent/Guardian Signature

Date

TO BE COMPLETED BY SCHOOL STAFF:

CLASS PERIOD	SUBJECT	STUDENT IS	PRESENTLY	TEACHER
		PASSING	FAILING	
Academic 1				
Academic 2				
Academic 3				
Academic 4				
Specials (A,C,E)				
Specials (B,D,F)				

TO BE COMPLETED BY SCHOOL STAFF:

NOT RECOMMENDED DUE TO:

_____ *Excessive Absences*

_____ *Lack of Advance Notice*

_____ *Low Grades*

_____ *Prior Vacation*

******* ALL DAYS COUNT TOWARDS UNEXCUSED ABSENCES FOR ATTENDANCE *******

Signature of Principal

Date

*** Please see reverse side ***

STUDENT VACATION HOMEWORK ASSIGNMENTS

Student Name: _____

Grade: _____

Prior to approval of a vacation, this form must be completed and signed by each of the student's teachers. The form then must be signed by a parent or guardian and submitted to the WMS Principal for approval. The student is responsible for obtaining homework assignments prior to leaving. Parents should be aware that it is absolutely necessary that all assignments be completed and returned immediately following their child's return to school.

Period	Teacher's Signature	Assignments/Comments
Academic 1		
Academic 2		
Academic 3		
Academic 4		
Specials (A,C,E)		
Specials (B,D,F)		

Parent/Guardian Signature of Agreement

Date

*** Please see reverse side ***