



# St. John Neumann Regional Academy Jr./Sr. High School

## PLANNED VACATION FORM

GENERAL INFORMATION		
Student's Name:		Today's Date:
Grade/Homeroom Teacher:		Parent/Guardian's Name:
Parent/Guardian Phone:		Parent/Guardian Signature:
Address:	Date(s) of Vacation:	Total Number of School Days Absent:
Location(s) of Visitation(s)/Vacation(s):		
In the following space, please provide (and attach additional sheets if necessary) a description of the educational value of the planned family vacation:		
Please list a brief log of the educational sites to be seen or learning activities to be completed on the vacation:		
SCHOOL APPROVAL		
<i>It is the student's responsibility to see their teachers to get any work that would be missed in their absence, so it can be completed while they are away.</i>		
Signature of the Principal:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved, but not recommended	Date:

**NOTE:** Must be submitted two (2) weeks prior to the planned vacation.