

**Xenia Community Schools
(Xenia High School)
Vacation Request Form**

1. **INSTRUCTIONS FOR COMPLETION:** (1) Parent must complete the **Parent Portion** of this form, 2) Student must submit this form to the Attendance Secretary for verification, (3) After form is verified by Attendance Secretary, Student must obtain each of their teacher's signatures on the **Student/Teacher Portion** of this form; and (4) After completion of Steps 1 through 3, Student must submit completed form to the Building Principal for approval.
2. A Vacation Request Form must be completed in its entirety, following the steps outlined in paragraph number 1 above, and submitted to the Building Principal a minimum of five (5) school days prior to the planned vacation.
3. The Building Principal may approve a vacation request up to a maximum of 32.5 hours.
4. The student must make arrangements regarding make-up work with all teachers prior to leaving for vacation.
5. Make-up work must be completed and submitted at the time the teacher specifies. The student will receive credit **IF** all absences are excused **AND** the work is of satisfactory quality.
6. A Vacation Request **SHALL NOT** be approved by the Building Principal for students who require a medical excuse because of the accumulation of 65 hours of absence.
7. This form **MUST BE APPROVED** by the Building Principal to be **FINAL**. Parent will be notified of disapproval of this request. Students who do not follow these established procedures shall not be permitted to make up school work and absence(s) shall be considered as unexcused.

PARENT PORTION TO COMPLETE:

Student's Name _____ Grade _____ Building: Xenia High School

Parent's Name _____ Parent's Daytime Phone # _____

Date(s) of Requested Vacation/Days of Absence _____

Reason for Scheduled Vacation/Days of Absence _____



SIGNATURE OF PARENT/GUARDIAN

DATE

STUDENT/TEACHER PORTION TO COMPLETE:

CLASS	TEACHER'S SIGNATURE	TEACHER'S COMMENTS
Period 1		
Period 2		
Period 3		
Period 4		
Period 5		
Period 6		
Period 7		
Period 8		

OFFICE PORTION TO COMPLETE:

Att Office Verification _____ Approved by Principal _____ Disapproved by Principal _____ Parent Notified of Disapproval _____



SIGNATURE OF BUILDING PRINCIPAL

DATE

Revised 7/26/21