

**Milford School
Request for Vacation Absence**

Today's Date _____

Student Name _____

Teacher _____

Grade _____

Dates Requested _____

I understand that my school work must be kept updated. I agree to contact my teachers regarding any make-up work that must be completed due to my absence. I understand that if my attendance record to date is less than 95%, my request may be denied. Vacation days will not be excused for the last five days of any semester.

Student Signature

Parent/Guardian Signature

Absence % to Date

Principal's Signature

Approved

Denied