



# Dormont Elementary School

## Vacation Request

Student Name \_\_\_\_\_ Homeroom \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

Days & Dates of Vacation Request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name Printed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Teacher Comments Upon Students Return to School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit this form to Mr. Brian Werner, Principal, for approval at least two weeks in advance. Only five vacation days will be approved for any school year.**