

KENSTON INTERMEDIATE SCHOOL

VACATION NOTIFICATION FORM

From: _____
(Parent)

Re: _____ (Student) _____ (Grade) _____ (Teacher)

Date: _____

Reason for
Absence: _____

Date(s) of Absence: _____

Please complete and return this form to the office several days in advance of your vacation. Absence should not exceed five consecutive school days. Teachers should not be asked to provide work in advance. Class assignments given in advance do not constitute a quality substitution for in class teacher directed instruction. Students will be required to make up assignments as directed by the teacher upon the student's return to school.

Parent Signature

Date

Copies: Teacher
Secretary