

## **Vacation Request Form – Record of Advice**

(In-Term Vacation)

Parent Name:		Cont	act No:
Students:			
1	YR	:TCHR	:
2	YR	: TCHR	:
3	YR	:TCHR	:
4	Y	R: TCHR	:
Dates of absence from school:			
Reason:			
Office Use Only			
Date :			
Comments:			
Integris Entered			
Copy to Teacher			
Letter Sent			
File in Student File			