

SEEDS OF FAITH CHRISTIAN ACADEMY
Attendance Policy No. 202

Request for Student Vacation

Parents/Guardians requesting permission for students to be absent from school for a vacation must complete a vacation approval form. A request must be completed for each student. Parents/Guardians must request the form from the school office or appear in person for the form. Retroactive requests will not be considered. To be approved, vacation requests must meet the following criteria:

- a. Students must travel with parents/guardians. Students not traveling with Parents/Guardians must grant permission for their child/ren to travel with an approved person(s).
- b. The request for vacation approval must be made at least two (2) weeks prior to the vacation, except in emergency situations.
- c. Students with excessive absences (excluding medically excused) will not be granted permission. Requests for exceptions may be reviewed by the Administrator/Principal.
- d. Requests for vacations of longer than five (5) days must be approved by the Administrator/Principal.
- e. One (1) vacation may be granted to any student in one (1) school year. Additional vacation requests must be approved by the Administrator/Principal.
- f. Absences due to approved vacations will be considered excused.
- g. Students will be given the opportunity to complete any class work, assignments, projects, or tests that are part of the course. Upon request, the teacher will provide information on the material covered and assignments for the period of the student's absence. Make-up tests will be administered at the teacher's convenience. All make-up work must be completed within five (5) days after the completion of the vacation.
- h. If permission for the vacation is refused and the student goes on vacation, the days absent will be unexcused and all make-up privileges will be forfeited.

Student _____ Grade _____ Homeroom _____

Dates of absence _____

Description of vacation _____

I, the undersigned, attest that the above named student will be accompanied for the duration of this vacation by his/her parents/guardians or approved person(s) and assume responsibility for my child's completion of make-up work missed during the absence.

Parent/Guardian Signature _____ Date _____

Administrator Signature _____ Date _____

Approved Not Approved

Subject/Class	Teacher Signature	Subject/Class	Teacher Signature

Attachment: Policy 202