

**Logan-Hocking Local School District
Student Vacation Request**

DATE _____

Child's Name _____

Parent/Guardian's Name _____

Teacher _____ **Grade** _____

Vacation Location _____

Vacation Dates _____ **To** _____

Total days missed from school _____

I, _____ agree that my

child _____ will complete all

assigned work during the vacation time and return the work to

his/her teacher on _____.

My child _____ will complete

all missed evaluations within one week after vacation. I understand

that my child will be counted absent during the vacation time.

I understand that my child's grades will be calculated through the

completion of assigned work and evaluations.

Parent/Guardian's Signature