

VACATION CONTRACT

TODAY'S DATE: _____

Student's Name:

Program:

First Date of Absence:

Last Date of Absence:

Total Number of Days Absent:

Destination:

TEACHERS' SIGNATURES

Career Tech:

Date:

Academic:

Date:

Academic:

Date:

Academic:

Date:

Academic:

Date:

SIGNATURES

It is my understanding that I am to make up any missed work within three days of my return from vacation to receive full credit.

Student:

Date:

Parent/Guardian:

Date:

Program Supervisor:

Date:

Attendance Supervisor:

Date: