

STUDENT/FAMILY VACATION REQUEST

Under Every Student Succeeds Act (ESSA), schools are evaluated on academic improvement and attendance rates. Regular attendance is recognized as being an essential element for successful performance in the school setting.

Since, of necessity or personal desire, parents do schedule vacations when classes would normally be in session, it is necessary for the Derry Area School District to provide a policy establishing guidelines for such action:

1. **Parent(s) or guardian(s)** should complete a vacation request form prior to the student absence for said vacation.
2. The request for vacation approval must be made **at least two weeks prior to** the vacation except in emergency situations.
3. No more than five (5) vacation days will be granted to any student in one school year.*
4. Absences due to approved vacations will be considered excused.
5. Students will be given the opportunity to make up any class work, assignments, projects or tests that are a part of the prescribed course. Make-up tests will be administered at the teachers' convenience. All make-up work must be completed within three (3) days after the completion of the vacation.
6. The request for vacation will be denied for the following reasons:
 - a. History of excessive absenteeism
 - b. Absence exceeding 10% of current school year to date
 - c. Failing grades
 - d. Earning a cumulative GPA of less than 2.0
7. If the vacation request is refused and the student goes on vacation, the days will be unexcused and unlawful.
*Any exception to this guideline must be approved by the Superintendent or Assistant Superintendent.

VACATION APPROVAL

STUDENT'S NAME _____ PHONE _____
DATE OF VACATION _____ SCHOOL _____ GRADE _____ ROOM _____
DESCRIPTION OF TRIP _____

REASON AND EDUCATIONAL VALUE OF THE TRIP _____

NAMES & GRADES OF OTHER CHILDREN IN THE DISTRICT _____

	<u>SUBJECT</u>	<u>TEACHER SIGNATURE</u>
PERIOD 1	_____	_____
PERIOD 2	_____	_____
PERIOD 3	_____	_____
PERIOD 4	_____	_____
PERIOD 5	_____	_____
PERIOD 6	_____	_____
PERIOD 7	_____	_____
PERIOD 8	_____	_____
CTC	_____	_____ (CTC Principal if applicable)

My child will be accompanied for duration of this vacation by either his/her parent(s), guardian(s) or grandparent(s). I, the undersigned, assume the responsibility that my child will make up all work which he/she will miss during his/her absence.

STUDENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PRINCIPAL SIGNATURE _____ DATE _____

APPROVED

NOT APPROVED

FOR OFFICE USE ONLY

of Days Absent: _____

Previous Trips/Vacations Requested: _____

Grades/GPS: _____

DASD
CAW:bb
Revised 6/19/17

Home (U:)/Student-Family Vacation Request Form-Revision – 6.19.17