



ST. ANNE SCHOOL

SCHOOL LEAVE REQUEST

THIS PERMISSION REQUEST IS FOR YOUR SON OR DAUGHTER TO PARTICIPATE IN A FAMILY VACATION. PLEASE UNDERSTAND THAT YOUR CHILD'S TEACHER WILL PROVIDE CLASSROOM WORK/HOMEWORK UPON THEIR RETURN TO SCHOOL.

WE ASK THAT YOU AGREE THAT IT IS YOUR CHILD'S RESPONSIBILITY TO COMPLETE ALL SCHOOL WORK WITHIN THE TIME DETERMINED BY THEIR TEACHER.

Student name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Vacation dates: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Destination: \_\_\_\_\_

Denied: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Reason for denial: \_\_\_\_\_

LEARN SUCCEED LEAD