

The New Standard Academy

2040 West Carpenter Road \parallel Flint, MI 48505 \parallel (810) 787-3330

STUDENT VACATION REQUEST FORM

| STUDENT'S NAME | GRADE |
|---|-----------------------------|
| TEACHER(S) | |
| Please be sure to have read and understand the Attendance Policy in the TN | IS Student Handbook. |
| Complete and return this form to the main office 2 weeks in advance of you | ır vacation. |
| Vacation days may not exceed 10 days per school year. | |
| The student is required to make up assignments as directed by his/her teac | her(s). The Parent or |
| Guardian will ensure this is done. The student has the same amount of days | absent to complete the work |
| after he/she returns. (2 days absent = 2 days to complete work after studen | t returns) |
| DAYS OF REQUEST REASON FOR REQUEST | |
| Parent's Signature Date | <u></u> |
| ***************************** | *********** |
| FOR SCHOOL USE | |
| Staff Signature Da | ate |
| Administrator's Signature Da | ate |
| Teacher's Signature Da | nte |

*Please provide copy for each teacher to ensure make up work is prepared.

Absences are verified, but not excused. School administration reserves the right approve or deny any and all requests