

SOUTHGATE INDEPENDENT SCHOOL DISTRICT  
VACATION REQUEST FORM

NAME OF CHILD: \_\_\_\_\_

WITH WHOM CHILD IS GOING: \_\_\_\_\_

WHEN: \_\_\_\_\_

REASON: \_\_\_\_\_

VACATION DATES: \_\_\_\_\_

NUMBER OF SCHOOL DAYS MISSED: \_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

FOR OFFICE USE ONLY: Denied ( )    Approved ( )

\_\_\_\_\_  
*Eddie Franke*  
Principal's Signature

\_\_\_\_\_  
*Eddie Franke*  
Director of Pupil Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

TEACHER COMMENTS: