

SCHAGHTICOKE MIDDLE SCHOOL

VACATION DATE FORM

Please submit this form at least TWO (2) weeks prior to your student's absence. Please remember that it is your student's responsibility to make up the missed work when he/she returns from vacation. The student has five (5) days to complete all missed work. Once this form is filled out, please return it to the main office or you can send it via email to sms_office@newmilfordps.org (Please note the email address reads sms_office) or fax it to (860) 210-2217 ATTN: Kim Lavallee.

Date: _____

Student's Name: _____

Grade/Team: _____

Parent/Guardian: _____

Reason for Request: _____

Dates requested: _____

Total Days Missed: _____

Parent/Guardian Signature

Date