



Our Lady of the Angels School

404 Cherry Street, Columbia, PA 17512

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www.ourladyoftheangels.org

Vacation Form

Student Name: _____

Grade: _____ Teacher: _____

Will be out of school for a family vacation to: _____

From _____ To _____

Educational reason for trip:

My child will return to school on _____ and I will make written contact with my child/children's teacher(s) at least 2 weeks prior to leaving on the trip. I am aware that my child/children is/are responsible for work missed and will make up work by a time determined by the classroom teacher.

Parent/Guardian Signature: _____

Date requested: _____

Approved by Principal : _____

Date: _____