



SANDUSKY  
CENTRAL  
CATHOLIC  
SCHOOL

### REQUEST FOR FAMILY VACATION

**Please note:** The below absences count as part of the 38 hours per month and/or 65 hours per school year allowed by the State of Ohio, House Bill 410. Once the 38 hours per month and/or 65 hours per school year threshold(s) have been met, a student is considered to have “Excessive Absences”. Please refer to the Student Handbook on the state law concerning student attendance.

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Dates of Absence:** \_\_\_\_\_

**Total Number of School Days Missed:** \_\_\_\_\_

**Reason for Request:**

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*I understand that my child is responsible for completing all school work missed during this family vacation within one week from return. The principal will contact me prior to vacation if there are any concerns.*

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date