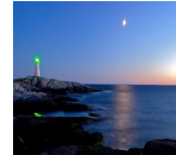




Manarah Islamic Academy



Vacation / Miscellaneous Absence Request Form

This form must be completed and returned to the school Principal prior to the start of the vacation date requested.

Conditions and Procedures:

- Arrangements for the absence must be made in advance of the student's leave
- This vacation form should be filled out and sent to school, at least, two (2) weeks prior to the starting date for the absence.
- If the vacation request is approved by the school, the parent(s) will get a signed copy
- Vacations that are not prearranged will be counted as unexcused absences
- If vacation is approved, direct any question(s) concerning the assignments, exams, and/or due dates to the teacher through the proper channels of communications.

Vacation Dates Requested:

From _____ To _____

Name of Student _____ Grade _____ Teacher _____

Name of Parent/Guardian _____ Phone _____ Email _____

Street Address _____ City _____ Zip _____

Indicate Educational Advantage of Vacation (Activities, Sites to Visit, etc.)

Explain Reason(S) For Vacation At This Time - Not During Regular Calendar Vacation?

I understand the conditions listed above and I am aware of what is required of my child and take full responsibility for the work missed with the understanding that the grades may be affected, if all the work is not made up in the allocated time.

Signature of Parent/Guardian _____ Date _____

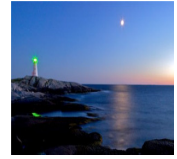
By Office Use Only

_____ Approved _____ Not Approved

Administrator's Signature _____ Title _____ Date _____



Manarah Islamic Academy



Fill this Arrangement Form, only after the Vacation Form is approved by the administration

This Form is to be filled out by the teacher of the student approved for vacation and to be signed by the teachers, the parents of the student and the administration.

To be Filled out by the student's teacher(s):

Teacher's Name:	Grade:	Subject:	Date:
Topics to cover: _____			
Material Provided: _____			
Assignments to Hand in: _____			
Testing Required: ___ Yes, ___ No			
If Yes, Testing Date: _____		Tester's Name: _____	
Teacher's Name:	Grade:	Subject:	Date:
Topics to cover: _____			
Material Provided: _____			
Assignments to Hand in: _____			
Testing Required: ___ Yes, ___ No			
If Yes, Testing Date: _____		Tester's Name: _____	
Teacher's Name:	Grade:	Subject:	Date:
Topics to cover: _____			
Material Provided: _____			
Assignments to Hand in: _____			
Testing Required: ___ Yes, ___ No			
If Yes, Testing Date: _____		Tester's Name: _____	

Teacher(s) Signature: 1) _____ **2)** _____ **3)** _____

Parent(s) Signature: _____ **(Father/Mother/Guardian)**

Administrator Signature: _____ **Title:** _____