



Wapakoneta High School

1 Redskin Trail, Wapakoneta OH 419-739-5200

www.wapak.org/WHS

VACATION CONTRACT

Today's Date: _____

Student's Name: _____ Grade: _____

First Date of Absence: _____

Last Date of Absence: _____

Total Number of Days Absent: _____

Destination: _____

TEACHER SIGNATURES

Period	Subject	Teacher Signature	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			

By signing below, I verify that I understand that the student is to make up any missed work resulting from their absence. I also understand that it is the student's responsibility to turn that work in to each teacher.

STUDENT: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____

ASSISTANT PRINCIPAL: _____ DATE: _____