

# *Pike Christian Academy*

## **VACATION INFORMATION FORM**

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Student's Name

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Teacher(s)

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Vacation dates

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Destination

List any educational opportunities this student will have while out of school.

### **PARENTS:**

Please submit this form to the main office at least **TWO WEEKS** in advance of the dates. This will give our teachers adequate time to prepare the student's work for the time missed.

**PLEASE NOTE: ALL WORK IS DUE THE DAY THE STUDENT RETURNS FROM VACATION.**

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Parent Signature