



## CALENDAR DEVIATION Request Form

School \_\_\_\_\_

School Year \_\_\_\_\_

If a need arises where vacation days, within the boundaries of the 180 school days, need to be changed, complete this form and return it to the Office of Education with the proper signatures.

Sunday school is discouraged and will only be approved in emergency situations.

1. List requested changes (include inserted & deleted days):

Added Dates: \_\_\_\_\_

\_\_\_\_\_

Deleted Dates: \_\_\_\_\_

\_\_\_\_\_

2. Reason for proposed change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Local School Board Approval Date & Motion Number