



THE KAUKAUNA CATHOLIC SCHOOL SYSTEM

KAUKAUNA, WI 54130

www.kcssonline.org

VACATION NOTICE FORM

TO: Principal of _____ Holy Cross Campus
_____ St. Aloysius Campus

MEMO: The Family of _____
Student/s Name/s

Is taking a family vacation and will be absent from _____

to _____.

I understand that the work missed during vacation will be given to my child/ren after the return to school. It is expected to be completed **one week** following the vacation.

Parent's Signature

Date

Principal's Signature

Date

St. Aloysius Campus
2401 S. Main Avenue
Kaukauna, WI 54130
766-5199
Fax: 766-5229
Child Care: 759-4566

Business Office
St. Mary Campus
119 W. Seventh Street
Kaukauna, WI 54130
Business Office: 759-4508
Fax: 759-2360
Development: 759-9290

Holy Cross Campus
220 Doty Street
Kaukauna, WI 54130
766-0186
Fax: 759-2428