



"Where We All Come Together"
Holy Cross & St. Katharine Drexel

KAUKAUNA CATHOLIC SCHOOL SYSTEM VACATION NOTICE FORM

The FAMILY of _____
FAMILY NAME

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 they return to school.
It is expected to be completed **one week** after the vacation is completed.

PARENT'S SIGNATURE DATE



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