

SCHOOL CALENDAR CHANGE APPLICATION

School Year _____

School _____

We are requesting, at least 30 days in advance, permission to change the Conference School Calendar as follows:

Dates in the Conference Calendar we wish NOT to have school:

Dates	Reason for Change
_____	_____
_____	_____
_____	_____
_____	_____

Dates when we have scheduled to make up the days missed:

School Board Chair _____ Date _____

Principal/Head Teacher _____ Date _____

Conference Education Superintendent _____ Date _____