



Ringgold School District
400 Main Street
New Eagle, PA 15067-1108

Vacation Request Form 2019-2020 School Year

TO: _____

FROM: _____

DATE: _____

I WOULD LIKE TO REQUEST THE FOLLOWING DAY(S) AS PART OF MY VACATION

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____

Supervisor's Signature: _____

Superintendent's Signature: _____
(If Applicable)

Vacation Days Remaining: _____