

**SCHOOL CALENDAR CHANGE APPLICATION
2019-2020**

SCHOOL _____ DATE _____

We are requesting, at least 30 days in advance, permission to change the CONFERENCE SCHOOL CALENDAR as follows:

Dates in Conference Calendar we wish not to have school:

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

Date recommended by School Board: _____

Principal/Head Teacher Signature: _____

Conference Superintendent Approval: _____

Date: _____