

## **Delphos Jefferson High School**

901 Wildcat Lane Delphos, Ohio 45833-9238 www.delphoscityschools.org

**Principal** cbrinkman@delphoscityschools.org 419-695-1786 x400

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School Counselor kkerner@delphoscityschools.org 419-695-1786 x402

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## DELPHOS JEFFERSON HIGH SCHOOL

**Phone:** 419-695-1786 **Fax:** 419-692-2287

VACATIO	N F	FORM	1
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(Must be filled out (5) days in advance)

Name :		_			
Dates (Days)	you will be out of school:				
	HOMEWORK ASSIGNM	IENTS			
the number of	work must be completed and submitted at the school days missed, plus one. Each teacher new for homework assigned.				
TEACHER SI	GNATURE :				
	Class	Home	ework		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
		Yes	No		
PARENT SIG	NATURE:				
PRINCIPAL S	SIGNATURE:				