



EARLY EDUCATION DEPARTMENT Vacation Request Form

DATE _____

STUDENT NAME: _____

DATES OF VACATION: _____

PARENT'S NAME: (Printed) _____

PARENT'S SIGNATURE: _____

DIRECTOR'S SIGNATURE: _____

- Vacation credit is limited to (1) calendar week per school year.
- The school year runs from August to July of the following year.
- All vacation requests must be submitted in writing one month prior.
- Vacation must be taken in one week intervals.
- A vacation week is based on the child/children's contracted attendance schedule.
- Unused vacation cannot be carried over to the following school year.
- Upon receipt of written notification monthly tuition will be pro-rated accordingly.

Office Use Only

- Copy to Business Administrator Original to Student File
- Entered into Procure Date: _____ Initials: _____