

Vacation Request Form

Child's Name _____ Teacher _____

Week requested: _____ Through _____

After 90 days of enrollment, my child receives two free weeks vacation time each school year (From August – August). I understand that if I withdraw my child before completing 52 weeks of enrollment, the vacation time taken will be charged to my account and must be paid back to the school.

Note: In order to be approved, vacation time must be requested two weeks in advance. A copy of this form will be kept on file for record of time used.

Parent Signature

Date

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