



Vacation Request Form '23-'24 School Year

You will receive one week for 50%, once very school year!

Parent's Name(s): _____

Child's Name: _____

Leave Date: _____ Return Date: _____

Front Desk Signature: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Director: _____ Date: _____

Please return to the front desk after filling out!

Thank you!