School Year and Summer Vacation Request Form

This form should be completed and submitted to your site one week prior to your scheduled vacation.

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Child's Name _____ Grade _____

Please indicate your site:

☐ Eagle View ☐ Falcon Ridge ☐ Raven Stream ☐ Central Education Campus

Please list the dates you are requesting credit for:

_____
_____
_____
_____
_____
_____
_____

Credit is given for Option 1-Regular Contract Families only

Child must be absent due to vacation, not illness

1 "weeks' worth" of credit per child, per site

A "weeks' worth" indicates the number of days you are contracted for each week.

Example:

5 contracted days a week= 5 days of vacation credit

2 contracted days a week=2 days of vacation credit

All credits will be given after the vacation dates

Parent/Guardian Signature _____ Date _____

Site Leader Signature _____

*** Site leader must sign this form prior to sending it over to the billing office for the credit to be given***