

Summer Vacation Request

Today's date _____

Child's name _____

First day my child will be absent from school _____

First day my child will be returning to school _____

***Please note:** to receive a vacation credit this form must be turned in at least 3 weeks prior to the intended days you are requesting. You may request up to 2 weeks vacation credit during the summer session. No vacation credit is given during the School Year

Parent's signature

**** OFFICE USE ONLY****

Date received _____ recorded _____