



Tuition Vacation Request

I, _____ request the following week to be considered for:
(Parent/Guardian Name)

Child's Name: _____

For the week of: _____

- Tuition Free Vacation Week** - I understand that I receive one vacation week per calendar year and I am eligible to use this credit during any week of the year providing I submit this form in advance and my child is absent the entire week. Full time families enrolled at least 3 months are eligible to receive this benefit.
- ½ Week Tuition Vacation Week** - I understand that I am eligible to receive (2) half week tuition credits per calendar year providing my child is absent 3 or more days of a week. **Half tuition requests are not accepted during holiday weeks.** Full time families enrolled at least 3 months are eligible to receive this benefit.

My child will be absent from school the following three (or more) days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Primary Guardian Signature & Date

Approved By and Date

Business Manager Signature and Date