



FCA Preschool Vacation Request Form

Date _____
Student _____
Teacher _____

I would like to request a vacation week beginning _____ and ending _____.

I understand that I will be notified in writing of the decision made by the administration regarding this vacation time. I further understand that according to the Policy Manual *vacation time must be taken Monday thru Friday only* and *I must submit this form to the office seven days prior to the vacation time.*

FCA Vacation Policy Infant – K4

August-May School Term	1 week at no charge
June-August Summer Term	1 week at no charge

Parent Signature

Date

For Office Use Only
Memo:

Will freeze draft: _____ Draft will resume: _____

Accountant

Date

Approved Unapproved

Administrator

Date

Approved Unapproved

Preschool Director

Date

Notified Parent Notified Teacher