

	<b>PARENT, PLEASE FILL IN THE FOLLOWING INFORMATION:</b>  CHILD'S NAME: _____  CLASS: _____      ADMISSION DATE: _____  VACATION DATES REQUESTED (M-F): _____  TODAY'S DATE OF REQUEST: _____
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### FIRST PROTESTANT SCHOOL VACATION REQUEST

(Please use a separate form for each child)

**VACATION POLICY:** Only full-time students attending Monday-through-Friday are eligible for vacation credit.

A full-time student is any student attending FP School Monday through Friday for the entire year (summer & fall). Vacation credit will only be granted after your child has attended our program for one full year. One full year will be calculated by the child's one year anniversary date. Every year upon the anniversary date, the child is again eligible for one week vacation credit. If vacation credit is not taken within the year of eligibility, it will not carry over into the next year. One week vacation credit will be credited to your account only after our front office has received this written request from you **AT LEAST TWO WEEKS IN ADVANCE OF THE DATES REQUESTED** and this request has been approved. The vacation must be taken in 5 consecutive school days. Vacation credit is awarded in kind only; therefore it is not payable to families upon withdrawal.

**OFFICE USE ONLY**

  

APPROVED <input type="checkbox"/>	DATES REQUESTED: _____	DATE TO BE APPLIED: _____
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DENIED <input type="checkbox"/>	REASON: _____ _____ _____ _____
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INITIALS: \_\_\_\_\_

Parent Signature	Printed Name	Date Signed
Parent Signature	Printed Name	Date Signed
	Sheenae Hernandez-Garcia, FPS Director	
FPS Director Signature	Date Signed	