

Notice of Absence Form

Use this form to let us know when your child will be absent

Reminder:

You are allotted the following vacation/sick days *per child* and they will renew on each child's individual anniversary enrollment date.

If your child is enrolled:

1 day = 2 vacation days allotted

2 days = 4 vacation days allotted

3 days = 6 vacation days allotted

4 days = 8 vacation days allotted

5 days = 10 vacation days allotted

½ days and/or Latchkey/Elementary = none allotted

Childs Name: _____ Today's Date: _____

Dates requested (Month and Day):

Monday	Tuesday	Wednesday	Thursday	Friday

I choose to utilize vacation days: _____
INITIALS

I choose to **NOT** utilize vacation days: _____
INITIALS

PARENTS PLEASE COMPLETE THE TOP PORTION ONLY

Thank you for your cooperation

For Office Use Only

VACATION INFORMATION

Number of eligible days: _____

Days used: _____

Number of days remaining: _____

Vacation renews on: _____

Classroom assignment: _____

Approved by: _____

VACATION CREDIT/ACCOUNTING

Posted to account by: _____

Date posted: _____

Amount posted: _____

VACATION LOG INFORMATION

Logged by: _____

Date logged: _____