

Berean Pre-School Vacation Request Form

Date _____

Student _____

Teacher _____

I would like to request a vacation week:

Beginning _____ and Ending _____.

My Child will return to school on: _____.

I must submit this form to the office seven days prior to the vacation time.

Berean Pre-School Vacation Policy

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: _____

Preschool Director Date

 Notified Teacher