

**Lenox Children's Center
VACATION CREDIT REQUEST**

PLEASE NOTE: This form must be submitted two weeks prior to the date of your vacation in order for your vacation credit to be approved. The top half goes to the office and the bottom half to your child's teacher. Please fill out a separate form for each child.

STUDENT: _____

VACATION DATES: _____

CHILD'S CLASSROOM: _____

PLEASE INDICATE WHICH REGULARLY SCHEDULED DAYS YOUR CHILD WILL NOT BE AT SCHOOL:

PARENT SIGNATURE: _____ TODAY'S DATE: ____ / ____ / ____



CLASSROOM COPY

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