

1875 South Greeley Street
Stillwater, MN 55082
651-351-8458



Vacation Request

This form must be filled out and submitted to your site
at least one week in advance of requested days off.
Credit will be given after the vacation

Parent/Guardian Full Name (please print) _____

Adventure Club Site _____

Child's Name _____
First Last

Child's Name _____
First Last

Child's Name _____
First Last

List Dates _____

- Credit is for Consistent contract **only**
- **One week** of credit per child, per school year
(One week means number of days child is contracted for in a week)
Example: 5 contracted days a week = 5 days of credit
2 contracted days a week = 2 days of credit
- Child **MUST** be absent due to **vacation, not illness**
- **Credit will be given after vacation**

For more information on Vacation Credits, see the Handbook for Families

Parent/Guardian Signature: _____ Date _____