

Vacation Day Authorization Form



Child's Name: _____

Teacher's Name: _____

Total Number of Days Requested: 5 4 3 2 1
(Please Circle Number)

Date(s) Requested Off: _____

Parent's Signature: _____

(to be completed by office only)

Parent's Name:

You have _____ days left

Office Signature: _____

Date: _____

✂ Cut Here

✂ Cut Here

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