



# Vacation Request Form

**\*To receive a refund this form must be received 5 business days BEFORE the requested day!**

*\*School Year Vacation: Regular Care—10 vacation days, Calendar Care—5 vacation days*

*\*Summer Vacation: Regular Care—# of vacation days dependent on schedule, Calendar Care—3 vacation days*

**Students School:** \_\_\_\_\_

**Student Name(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Vacation Dates Requested:** \_\_\_\_\_

\_\_\_\_\_

**I would like to receive my refund in the following way:**

- Stay on my account to use at a later date
- Please take off my monthly bill
- Refund my credit card on file

**\*\*To Email Form\*\***

1. Fill out form completely
2. Save a copy
3. Attach to an email
4. Send to [aces@isd77.org](mailto:aces@isd77.org)

**Comments & Concerns**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Form Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Approved

Refunded in TIES

Not Approved

Added to Calendar