Oak Brook School

family owned since 2001

Vacation Request

Child's Name: _____ Classroom: _____
First Last

Parent's Name: _____ Date: _____

Vacation Week Requesting: _____

Please consider this as

- ☐ week one
- ☐ week two

of my vacation credit allowance

Families enrolled in full-time programs receive 2 weeks of tuition at half price from the start of enrollment. They must be taken in whole week increments (M-F) and do not carry over year to year. If you are enrolled in a part-time program you do not qualify for vacation credit.

I know that it is my responsibility to verify that an absent request qualifies for credit.

_____

Signature of Parent or Legal Guardian