



## VACATION CREDIT REQUEST FORM

Name: \_\_\_\_\_

Current Date: \_\_\_\_\_

Class/ Teacher: \_\_\_\_\_

School Location: \_\_\_\_\_

Dates of Vacation Request: \_\_\_\_\_

Anniversary Date  
of Enrollment at Kensington: \_\_\_\_\_

*Note: To qualify for vacation credit you must be full time twelve months of the year and attend one full year before any vacation credit can be issued. Also, this form must be completed two weeks before your vacation and submitted to our director.*

Approval: \_\_\_\_\_