

**Apostles Lutheran Child Development Center  
6025 Glenridge Drive  
Atlanta, Georgia  
(404) 256-3091**

## **VACATION REQUEST FORM**

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Vacation Dates: \_\_\_\_\_

*I would like to take my one free week of vacation on the above dates. I understand my child will not attend school during these dates.*

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date