

Kids Connection
VACATION REQUEST FORM
School Year 2019/2020
Consistent Schedule Contract

*To receive a credit this form must be received at the KTC office, 6510 NW 62nd Ave, 2 weeks BEFORE the requested week during the school year! Please complete this form online to email or print and drop off this form in person to the KTC main office.

Student Name: _____

2019/2020 Grade: _____

School _____

Vacation Week Requested: (Please use Monday date of week requested)

Week of _____

Your vacation week credit will be applied to your KTC account on Eleyo after the week requested.

Comments: _____

Parent Signature: _____ Date: _____

Note: If emailing please save pdf using your last name in the title. Email to lori.meyer@johnston.k12.ia.us

For Office Use Only		
Date Received: _____	Approved	
Received by: _____	Not Approved	Emailed Site: _____