



FIRST PROTESTANT
SCHOOL OF NEW BRAUNFELS

PARENT, PLEASE FILL IN THE FOLLOWING INFORMATION:

CHILD'S NAME: _____

CLASS: _____ ADMISSION DATE: _____

VACATION DATES REQUESTED (M-F): _____

TODAY'S DATE OF REQUEST: _____

FIRST PROTESTANT SCHOOL VACATION REQUEST

(Please use a separate form for each child)

VACATION POLICY: *Only full-time students attending Monday-through-Friday are eligible for vacation credit.*

A full-time student is any student attending FP School Monday through Friday for the entire year (summer & fall). Vacation credit will only be granted after your child has attended our program for one full year. One full year will be calculated by the child's one year anniversary date. Every year upon the anniversary date, the child is again eligible for one week vacation credit. If vacation credit is not taken within the year of eligibility, it will not carry over into the next year. One week vacation credit will be credited to your account only after our front office has received this written request from you **AT LEAST TWO WEEKS IN ADVANCE OF THE DATES REQUESTED** and this request has been approved. The vacation must be taken in 5 consecutive school days. Vacation credit is awarded in kind only; therefore it is not payable to families upon withdrawal.

OFFICE USE ONLY

APPROVED DATES REQUESTED: _____ DATE TO BE APPLIED: _____

DENIED REASON:

INITIALS: _____

Parent Signature Printed Name Date Signed

Parent Signature Printed Name Date Signed

FPS Director Signature Debbie Caraway, FPS Director Date Signed