

Kids Connection

VACATION REQUEST FORM

Summer 2024

*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 summer! Please complete this form online to email, or print and drop off this form in person to the KTC main office at the District Office (can be placed in the gray drop box located in the DO parking lot).

Student(s) Name(s): _____

2024/2025 Grade(s): _____

Vacation Week Requested: (Please check week) (Must be Mon-Fri, full week)

June 5 ___ (Closed June 3 & 4) June 10 ___ June 17 ___ June 24 ___

July 1 ___ (Closed July 4 & 5) July 8 ___ July 15 ___ July 22 ___

July 29 ___ August 5 ___ August 12 ___ (Closed Aug. 15 & 16)

Your vacation week credit will be applied to your KTC account on Eleyo **after** the vacation week. It will be reflected in your next invoice.

Comments: _____

Parent Signature: _____ Date: _____

Note: If emailing please save pdf with last name included. Email to lori.meyer@johnston.k12.ia.us

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