

Kids Connection
VACATION REQUEST FORM
School Year 2024/2025
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 (can be placed in the gray drop box located in the DO parking lot).

Student Name: _____

2024/2025 Grade: _____

School _____

Vacation Week Requested: (Please use Monday date of week requested, must be Mon-Fri, full week)

Week of _____

Your vacation week credit will be applied to your KTC account on Eleyo **after** the week requested. You will be invoiced for the week. The credit will be in your invoice after the vacation week.

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: _____