



# Project Read and Reach

A School Age Community Engaged in Literacy, Character, and Service



St. Charles City School District

## VACATION/ILLNESS CREDIT FORM

2015-2016 School Year

Parents can request credit for one week of **consecutive** vacation or illness days. **No more than five (5) days can be claimed in one school year.** Vacation credits must be requested in advance. An illness credit must be requested within one week after the absence.

Please submit this form to the Adult & Community Education Office. **DO NOT BRING OR MAIL THE FORM TO YOUR CHILD'S TEACHER OR THE SCHOOL OFFICE.**

Child's Name: \_\_\_\_\_ School Site: \_\_\_\_\_

Indicate: Vacation Credit  or Illness Credit

Days of Vacation Credit Requested:	Days of Illness Credit Requested:
Billing Responsible Parent Signature:	
Date:	

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**OFFICE ONLY:**

Date form received in office: \_\_\_\_\_ Received by: \_\_\_\_\_ (initial)

Date records modified: \_\_\_\_\_ Site notified: \_\_\_\_\_ (initial)

Parent notified: \_\_\_\_\_ (initial)

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St. Charles City School District - Adult & Community Education  
2400 Zumbuhl Road, St. Charles, MO 63301 636-443-4043