

## **Vacation Authorization Form**

Child Name:	Date:
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Requested Week: \_\_\_\_\_

I have chosen to take my vacation week on the dates above. I understand that per Pacesetter Academy's policies, I am entitled to 1 week of Vacation for every 6 months of paid tuition.

Parent Signature		
	Pacesetter Academy	
	Vacation Authorization Form	
Child Name:	Date:	
Requested Week:		
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Parent Signature