

Student Vacation Request Form

Today's Date _____
Student Name _____
Parent Name _____
Phone _____

Amount of time requested for extension _____

Last date of class _____

Restart date _____

Reason for extension: _____

Students must be away for two or more consecutive weeks. All requests for membership extension must be submitted at least 2 weeks prior to last date of class. You will be notified regarding approval. Payments will continue to be paid by auto payment during your vacation time. Vacation time will not be credited during times when FKA is closed for vacations, holidays, etc... No Exceptions. Upon approval, your membership dates will automatically be extended for the amount of time you are out.

Parent Signature Date

OFFICE USE ONLY	
Account# _____	Amount of time: _____
End Date of Current Agreement: _____	New End Date: _____
Approved: Yes No	Initials: _____
QB: <input type="checkbox"/>	<input type="checkbox"/> Email confirm to student: _____