**Days Off Notification Form**

Even if your child will not be at school for 1 day, please fill out this form. This is very important for staffing purposes.

Be sure to circle **Yes/No** on vacation credits. If you do not circle one or the other, we will assume you will NOT be using vacation credits.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date: \_\_\_\_\_\_\_\_\_\_

Dates child will be gone? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are vacation credits being requested? **Yes/No**

* Traveling? What is your **destination**? City and State? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Staying Home

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child will be absent for 3 or more days, we require 2 weeks notice. This helps Good Shepherd staff accordingly.

cc: President, Director of Early Learning, Finance,

Classroom Teacher, File, Therapist(s)