

Request for Tuition Credit

If your child is absent due to illness for three or more consecutive days, partial credit may be given. Missed days must be consecutive. No credit will be given for a one or two day absence.

Child's Name: _____ Class: _____

Days absent: _____

Signature: _____ Date: _____

This request will either be approved or denied by office personnel.

FOR OFFICE USE ONLY:

Denied _____ Approved _____ Date: _____

Days credited: _____

Explanation: _____