



**Orange County
School Age Child Care Programs**

146 Madison Road, Suite 205
Orange, VA 22960
(540) 672-5484
Fax: (540) 672-2311

Student Vacation Form

Student Name: _____ Site: _____

I am requesting vacation on the following dates:

Parent/Guardian Signature _____ Date _____

Date Submitted to Site Manager: _____

Comments:

_____ Approved – Days of vacation left for the year _____

_____ Denied – Reason _____

Site Manager Signature: _____ Date: _____

Office Use Only:

Entered into accounting system: _____

Administrative Assistant Signature: _____