

# Request for Tuition Credit (For Full Time Preschool Students Only) Full time is defined as 5 full days per week

Date: \_\_\_\_\_ Week of Request: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Child(ren) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Classroom: \_\_\_\_\_ Email: \_\_\_\_\_

Type of request (Please check one)

Below is a recap of our policies as outline in your Parent Handbook. The Director, staff and bookkeeping office of GV Christian School **DO NOT** have the authority to grant credit, change stated tuition policies or grant "special deals".

\_\_\_\_\_ **Sick Time** In the event your child is ill, please notify the preschool office as soon as possible. After the third consecutive day of illness, your account will be credited 50% of the weekly tuition, **IF** a tuition credit form is submitted on the Monday following the child's illness. A maximum of 2 weeks sick time will be allowed annually based on enrollment date.  
**Sick time is applicable during a regular Monday thru Friday school week.**

\_\_\_\_\_ **Vacation** In order to receive vacation credit, a tuition credit request form must be filled out **one week in advance** or no credit will be given. A maximum of two weeks vacation credit will be permitted annually based on enrollment date. Vacation time is only available for full time students and is applicable during a regular Monday thru Friday school week. Vacation time is available in weekly intervals, Monday to Friday only, and cannot be split into individual days.

\_\_\_\_\_ **Other** Any other type of request for tuition credit must be submitted to and approved by the GVCS Administrator and Church Board. Allow at least one week for notice of approval or denial.

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the school policies as they pertain to sick, vacation and other tuition credit requests. I understand that this is **not** a guarantee that the tuition credit will be approved. I understand that my account must be current with no outstanding balance owed in order for my request to be considered. I will be notified of the decision by one or as many as all of the following methods: email, Renweb message and/or a letter in the mail.

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(This space reserved for office use only)

Enrollment Date: \_\_\_\_\_ Approved Amount: \_\_\_\_\_ Denied: \_\_\_\_\_ Week # 1 2 Circle One

Enrollment Date: \_\_\_\_\_ Approved Amount: \_\_\_\_\_ Denied: \_\_\_\_\_ Week # 1 2 Circle One

Communication/Email Sent \_\_\_\_\_ Calendar YES NO Note Pad YES NO