



Request for Half Fee Holiday Rebate

Child's Name: _____

Child's Room: _____

I request holidays from ____/____/____ to ____/____/____

Please adjust my fees to reflect _____ (number of weeks) at half total fee rate.

I understand these weeks must run Monday to Friday and that my fees must be paid in advance for the whole period **prior** to the above dates for the rebate to be applied.

I understand that these absences will count towards my allowable absences total each financial year and any absences in excess of this total will be charged at full fees.

I also understand that I can access up to 4 weeks per year at half fees. I will need to confirm absences via the electronic kiosk upon our return as per government regulations and agree to sign below:

Guardian Name: _____

Guardian Signature: _____

Date: _____

Office Use Only: Fees paid in advance Y / N
Entered on Movements Sheet (no more than a week before holiday due) Y / N
Date entered _____