



Student Vacation Request Form

Today's Date _____

Student Name _____

Parent Name _____

Phone _____

Amount of time requested for extension _____

Last date of class _____

Restart date _____

Reason for extension: _____

*Students must be away for two or more consecutive weeks. All requests for membership extension must be submitted at least 2 weeks prior to last date of class. You will be notified regarding approval. **Payments will continue to be paid by auto payment during your vacation time. Vacation time will not be credited during times when FMAA is closed for vacations, holidays, etc... No Exceptions.** Upon approval, your membership dates will automatically be extended for the amount of time you are out.*

Parent Signature

Date

OFFICE USE ONLY

Account# _____ Amount of time: _____

End Date of Current Agreement: _____ New End Date: _____

Approved: Yes No Initials: _____

QB: Email confirm to student: _____

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