Verification of Excused Absence

Site: _____ Room # _____ PID: _____ Name of Child: _____

As per the Attendance/Drop-off/Pick-up Policy, I understand that should my child exceed the allotted number of approved absences, my child will be transferred to a Head Start only funded classroom. This may include a reduction in hours of care.

If a child care slot is not available in the site where my child is enrolled in the dually-funded classroom, I understand that my child may be transferred to either another site, or a home base program. This transfer is dependent upon space availability at the time of transfer. **Absence days per year refer to July 1-June 30.**

DO NOT DOCUMENT UNEXCUSED OR NOT SCHEDULED TO ATTEND DAYS ON THIS FORM.
Each line should be FULLY completed by either the parent/guardian OR Staff member receiving or reporting the information.

Date Reporting Absence	Time of Absence Verification	Date (s) Of Absence	Reason for Absence (A-Health; I-Best Interest; J-Court Order)	Description of Absence (If reporting illness; please indicate if enrolled child or parent/guardian was ill)	Staff Signature	Parent or Guardian Signature

Excused Code/Reason for Absences

A (Health) - Health related for enrolled child/parent, health related appointment; doctor request for special meal accommodations, etc.

I (Best Interest) – **(*Only 10 PER YEAR; July - June*)** This is PARENT SELCETED some examples for use are -family vacation, time with relatives, and/or family friends, religious or cultural events, or family celebrations; family emergency, parent request for special meal accommodation, etc.

J (Court-Ordered Visitation) - **MUST HAVE PRIOR APPROVAL**, court ordered visitation, court appearance of the child-DOES NOT include visitation due to mediation plan.