

## **School Readiness Documentation of Absence**

This form is necessary to accompany the attendance roster when a child <u>exceeds 3 unexcused absences</u> in a calendar month. Beyond 3 absences, 7 additional days may be available for reimbursement. (OEL Policy 6M-4.500)

| Child's Name (on                   | ly one per form)   |                            | Month               | Year   |
|------------------------------------|--|----------------------------|---------------------|--|
|                                    |  |                            |                     |  |
| Provider                           |  | Documentation              | on attached?        | Dates on documentation match requested dates?                  |
|                                    |  | Yes                        | No                  | Yes No   |
| ABSENCES 1-3                       |  |                            |                     |  |
| A child can have 3  Date of Month: | 3 undocumented absences du   | ring the month. Please spe | ecify which dates   | are for undocumented absences:                                 |
|                                    | Day 1  |                            |                     |  |
|                                    | Day 2  |                            |                     |  |
|                                    | Day 3  |                            |                     |  |
| ABSENCES 4-1                       | 0  |                            |                     |  |
| extraordinary circ                 | shall be authorized for no mor<br>cumstances in which case writ<br>. ( <b>Documentation must be at</b> t | tten approval provided by  | the parent justific | child except in the event of es excessive absence for up to an |
| Date(s) of Month:                  | Extraordinary circumstances include the following:   |                            |                     |  |
|                                    | Hospitalization of child or parent with appropriate documentation  |                            |                     |  |
|                                    | Illness requiring home-stay as documented by parent  |                            |                     |  |
|                                    | Death in the immediate family as verified by the parent/guardian.  |                            |                     |  |
|                                    | Court order visitation with appropriate documentation (i.e. court order)                                 |                            |                     |  |
|                                    | Unforeseen documented military deployment or exercise of the parents                                     |                            |                     |  |
| 1                                  | Payment is NOT guaranteed a  |                            |                     | umentation included. If denied, it is                          |
| Parent Signature:                  |  |                            | Date:               |  |
| Provider Signatur                  | re:  |                            | Date:               |  |
| ELC Designee Signature             | ::   |                            |                     |  |