

## VPK MONTHLY ABSENCES REPORT

*This report must be included for each VPK class with your monthly attendance*

Provider name:

VPK Class:

Month:

Phone #:

- ✓ Up to **3 unexcused absences per month are payable**
- ✓ **Up to 7 excused absences per month are payable, if:**
  - excused absences are documented with a note from parent and the note is kept on file and presented to the Coalition if requested
  - absences are due to one of the allowable reasons :
    1. Illness or injury of the child or the child's family member which requires hospitalization or bed rest;
    2. Physician or dentist appointment;
    3. Infectious disease or parasitic infestation;
    4. Funeral service, memorial service, or bereavement upon the death of the child's family member;
    5. Life-threatening illness or injury of the child's family member;
    6. Compliance with a court order (e.g., visitation, subpoena);
    7. Special education or related services
    8. Observance of a religious holiday or service, or because the child's or parent's religion forbids secular activity on the instructional day;
    9. Family vacation, not to exceed five excused absences per program year; or
    10. Extraordinary circumstances beyond the control of the child and the child's parent.
- ✓ **Over 7 excused absences per month are payable, if documented with a note from someone other than a parent** (physician, for example) and the note is kept on file and presented to the Coalition if requested
- ✓ **5 excused absences per year are payable for family vacation** (see above)

**✓ Absences must be broken down by absence type and must equal the total absences for the month**

Name of Child:	VPK Class	Total Absences this month	# unexcused absences – 3 allowed per month	# excused absences w/ parent note – 7 allowed per month	# excused absences over 7 per month require note <i>not</i> from parent	# of absences for family vacation – 5 allowed per year
<i>Example:</i> Johnnie Doe	09A	7	3	2		2
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*I verify that the information contained in this report is correct and that all excused absences listed above are documented with parent or non-parent notes which I have on file and will present to the Coalition at any time if requested to do so.*

\_\_\_\_\_  
Provider Representative Signature

\_\_\_\_\_  
Date