

Today's Date: _____

Elkhart and St. Joseph Counties Head Start Consortium

Arrival Time: _____

Attendance Justification Form 2020-2021

First & Last Name of Child Of Absent Children Only (Please Print)	Session			Reason Example (Be Specific): Fever, Cold, Lice, Missed Bus, No Transportation, COS, Out of Town, Dr. Appt., Dentist Appt., Other Appt., Death in Family, No one to put child on bus, etc...	Form of Communication							
	Full Day	AM	PM		Bus Driver	Parent Called	Note to Teacher	Time of Phone Call	Who called the parent?	Spoke to Parent	Left Message	No Answer

Staff Name: _____

Site/Room #: _____

Date: _____

Revised:12-9-2020