

Today's Date: _____

Elkhart and St. Joseph Counties Head Start Consortium
Attendance Justification Form 2024-2025

Arrival Times: a.m. _____
p.m. _____

	First & Last Name of Child (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...	Bus Driver	Parent Called In	Note to Teacher	Time of Phone Call	Who called the parent?	Spoke to Parent	Left Message	No Answer
		a.m.	p.m.									
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2												
3												
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20												

Staff: _____

Site/Room #: _____

Date: _____