



Child Absence Form

Child Name: _____

I, _____
(Parent or guardian's name)

Absence Date: _____

Reason for Absence:

- Religious holiday
- Sick "illness exceeding 3 days will require a doctor's note"
- Medical – Dental Appointment.
- Court or Legal Appointment.
- Family emergency. Please Explain: _____
- Quarantine "doctors note is required"
- Vacation time.

One week of vacation is available per calendar year after 6 months of continuous enrollment for FULL TIME FAMILIES ONLY.

Number of vacation days to be used for this absence: _____

Absence Dates From: _____ to: _____

Others: _____

Signed: _____
(Parent or Guardian signature)

Date: _____