

# **EXCESSIVE ABSENCES**

## **Record of Parental Contact**

Center Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Child Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Name: \_\_\_\_\_

Dates of Absences: \_\_\_\_\_

\_\_\_\_\_

Reason for Absences: Illness/Medical Appointment

Court Order

Other: (Please specify below)

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**Date of Parental Contact:** \_\_\_\_\_

If parental contact made, please submit this form with monthly attendance sheet.

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**NO PARENTAL CONTACT :**

DATES CONTACT ATTEMPTED: \_\_\_\_\_

OUTCOME: \_\_\_\_\_

(i.e. Message left on machine, No answer, Phone Disconnected, etc.)

**If unable to contact parent, form MUST be faxed by close of business on the 5<sup>th</sup> consecutive day of absence .**

EARLY LEARNING COALITION of Brevard County, Inc.

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