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DOCUMENTATION OF ABSENCE

1765 N. Broadway Ave.
Bartow, FL 33830
Phone: (863) 733-9064
Fax: (863) 733-9081

Provider Name: _____
PLEASE PRINT

Child's Full Name: _____
PLEASE PRINT

Was out for the following reason:

Date(s) of Absence: _____

Kinds of acceptable documentation:

Must have documentation of the following:

- Death in the family
- Hospitalization of child
- Visitation (court ordered)
- Sickness
- Special Education/Therapy

Signature of Parent: _____ **Date:** _____

For use by Finance Staff only:

- Approved**
- Denied**
- Incomplete info
- Missing documentation
- Illegible
- Child not enrolled

Child terminated on _____
(date)