

Dear Head Start Parent/Guardian,

Whenever your child is absent from Head Start, we are required to document the reason of the absence. Please complete the following and send with your child on the day he/she returns to school.

Thank you for your cooperation.

Dear Head Start;

My child, _____, was absent from
(print your child's full name)

LEADS Head Start on _____ due to the following reason:
(date(s) child absent)

Please check the reason your child was not at Head Start.

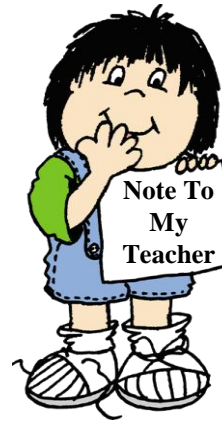
- flu/cold fever chicken pox
- lice scabies ringworm
- pinworm german measles measles
- mumps fifth disease pink eye
- strep throat impetigo family emergency
- other; please explain _____

Sincerely,

(Parent/Guardian's Signature)

Center

Today's Date



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