



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.





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Thank you for your cooperation

Dear Head Start;		Dear Head Start;	
My child,	, was absent from	My child,	, was absent from
(print your child's full name)		(print your child'	s full name)
LEADS Head Start on due to the following reason: (date(s) child absent)		LEADS Head Start on due to the following reason: (date(s) child absent)	
Please check the reason your child was not at Head Start.		Please check the reason your child was not at Head Start.	
flu/coldfever	chicken pox	flu/coldfever	chicken pox
licescabies	ringworm	licescabies	ringworm
pinwormgerman ı	neaslesmeasles	pinwormgerman	measlesmeasles
mumpsfifth dise	asepink eye	mumpsfifth dis	seasepink eye
strep throatimpetigo	family emergency	strep throatimpetig	gofamily emergency
other; please explain		other; please explain	
Sincerely,		Sincerely,	
(Parent/Guardian's Signature)		(Parent/Guardian's Signature)	
Center	Today's Date	Center	Today's Date

Absent(6/07) Absent(6/07)