SEIT PROVIDER ABSENCE FORM

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| --- | --- | --- |
| Child Name: | NYC ID# | DOB: |
| SEIT Provider: | | |

Dates of Absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason of absence (attach doctor’s note, if applicable)

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Make up policy was reviewed and discussed with Parent/Guardian. \_\_\_\_\_Yes \_\_\_\_\_NO

\_\_\_\_\_I agree to have a substitute teacher provide services.

\_\_\_\_\_I refuse to have a substitute teacher provide services.

\_\_\_\_\_I understand makeup session will be provided within 30 days from missed session.

Date when Nata’s Kids, Inc. was notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you notify by email/phone (please circle) and whom did you notify? (Name/ title of the informed person)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent / Guardian Date

Signature of SEIT Provider Date