CHILD ABSENCE FORM

|  |  |  |
| --- | --- | --- |
| Child Name:  | NYC ID# | DOB: |
| SEIT Provider:  | Location of Services:  |

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

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Reason for absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of SEIT Provider Date

 Signature of Parent/ Guardian/ Classroom Teacher Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

(*please note that you have to notify Agency immediately, the same day, about the missed session or change in your schedule*)