



School Readiness Documentation of Absenteeism 2555 Ponce de Leon Blvd., Suite 500, Coral Gables, FL 33134

This form is necessary to accompany the attendance roster when a child exceeds **3 unexcused absences** in a calendar month. Beyond 3 absences, 7 additional days may be available for reimbursement. (OEL Policy and rule **6M-4.500**)

Child's Name (only one per form)	Month	Year

Provider	Documentation attached?	Dates on documentation match requested dates?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes	No

ABSENCES 1-3

A child can have 3 undocumented absences during the month. Please specify which dates are for undocumented absences:

Date of Month:

_____ Day 1
 _____ Day 2
 _____ Day 3

ABSENCES 4-10

Reimbursement shall be authorized for no more than 3 absences per calendar month per child except in the event of extraordinary circumstances in which case written approval provided by the parent justifies excessive absence for up to an additional 7 days. **(Documentation must be attached, matching the exact dates listed)**

Date(s) of Month:

Extraordinary circumstances include the following:

- _____ Hospitalization of child or parent with appropriate documentation
- _____ Illness requiring home-stay as documented
- _____ Death in the immediate family with appropriate documentation (i.e. obituary, death certificate)
- _____ Court order visitation with appropriate documentation (i.e. court order)
- _____ Unforeseen documented military deployment or exercise of the parents

Important Note: Payment is NOT guaranteed and may be jeopardized if there is no documentation included. If denied, it is the parent's responsibility to reimburse provider for days not reimbursed by the ELC.

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

For ELC Office Use:

Date Submitted: _____ Dates match documented: Yes No

Reasons coincided with policy: Yes No Approved: Yes No

ELC Designee Signature: _____

Please make copies for your records and submit original to the Provider Payments Department.
Email: payments@elcmdm.org
Fax: 786-433-3237