



Georgia Department of Early Care and Learning

Georgia's Pre-K Program 2018-2019 Chronic Absenteeism or Tardiness Form

Reports should only be submitted by the Pre-K Project Director

Date of Request: _____

Project Director: _____

Legal Name: _____

dba: _____

Site Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

Directors should review Section 3.9 of the current Pre-K Providers' Operating Guidelines for Procedures for Chronic Absenteeism or Tardiness before submitting this request. Programs will receive written notification of the final determination.

Child's Name: _____ Child's Birthdate: ____/____/____

Total Days Enrolled	Total Days Absent	Total Days Tardy (arrived late or left early)

Please describe the plans made/actions taken to encourage the family to change the tardy/absent behavior:

Attach copies of student attendance documentation, letters/written notification given to the family, and documentation showing efforts to assist the family in resolving the issue. Mail, fax, or e-mail all documentation to the program's Pre-K consultant.

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Office Use Only

Date Received: ____/____/____

Approved By: _____

Approve Disenrollment: Yes No

Additional Information / Instruction: