

## **ATTENDANCE POLICY CONTRACT**

I acknowledge that I have read and understand the Attendance Policy of the  
Community Action of Southeast Iowa, Early/Head Start program.

**I Understand That...**

- 1) My child must maintain regular attendance in the program.
- 2) I must contact my child's Teacher whenever my child is ill and will not be at school.
- 3) If I do not contact my child's Teacher when s/he is ill, that absence will be documented as **UNEXCUSED**.
- 4) My Family Specialist is available to support me and my family. S/he will visit with me if there are any attendance concerns for my child and will offer any supports and ideas s/he can.
- 5) If my child's attendance becomes irregular and/or becomes a continual issue, another child in need of the program **may be** served in my child's place.
- 6) If my child will be away from school for an extended period of time to go on vacation, to visit their other parent/guardian, etc., I will complete the *Extended Leave of Absence Request* and turn it in to my Family Specialist **to be approved** by the Family Services Coordinator **5 business days** before my child leaves.
- 7) I also acknowledge that if I choose not to sign this document, I am thus saying that I will not follow the Head Start Attendance Policy and my child will not be able to remain enrolled in the program.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian was uncooperative, refused to sign or did not show for Home Visit.

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Staff Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* When a parent/guardian refuses to sign this form, the Family Services Coordinator is notified and sent a copy of this form.**