Georgia’s Pre-K Program
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 3.11 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: ___ / ___ / ___

<table>
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<tr>
<th>Total Days Enrolled</th>
<th>Total DaysAbsent</th>
<th>Total Days Tardy (arrived late or left early)</th>
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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 specialist.

Office Use Only

Date Received: ___ / ___ / ___

Approved By: _______________________________________________  

Approve Disenrollment: ☐ Yes ☐ No

Additional Information / Instruction:

__________________________________________________________________________________________________________________________________________________________

Georgia’s Pre-K Program Operating Guidelines Appendix F – revised 6/2020