



VPK Extended Absence Form

Dear _____,
Name of Provider

My Child _____ was absent on _____
Child's Full name Enter dates absent

For the following reason:

- Illness
- Vacation
- Family Emergency
- Other _____

I would like my child to remain in the VPK Program.

Sincerely,

Parent/Guardian Signature

Date

Attention VPK Provider: Please submit this letter with the monthly attendance sheet.