

UMCHS HEAD START Classroom Attendance Record

Center: _____

Month/Year: _____

CFA/Teacher: _____

B/ ST	Child's Name	Date	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	M	T	W	Th	F	Excused/ Unexcused		Attended/ Possible		%		
1																																		
2																																		
3																																		
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22																																		
23																																		

Totals: _____

Daily % _____

Breakfast/Snack	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Lunch																																		
Others: Breakfast/Snack	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	
Others: Lunch																																		
Adult Staff Meals																																		

Reviews by: _____

Date: _____

Bus Arrival Time: _____

Bus Departure Time: _____

No Transportation Provided:

ABSENTEE TRACKING CODES

X = Un-excused

NS = No School for the Program

F = Family Situation

I = Illness (Ie., Cold, Allergies, Asthma, Flu)

H = Hospitalized

EX = Exclusionary (Ie., Scabies, Chicken Pox, Measles, Strep Throat, Head Lice)

NA = Full Day Parent Has No Work or School and Not Expected to Attend on These Days

E = Enrolled

T = Transfer

W = Withdraw

D = Death in the Family

IW = Inclement Weather

TR = Head Start Transport Issue/Problem

M= Medical/Dental Appointment (not expected to attend)

DETAILED REASONS FOR ABSENCES AND EXPLANATIONS OF MEALS

Date	Time	Child	Reason for Absence/Meal Documentation	Date	Time	Child	Reason for Absence/Meal Documentation