



## 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.