**Emma Love Hardee Elementary School**

2200 Susan Drive

Fernandina Beach, FL 32034

Phone: 904.491.7936 FAX: 904.321.5890

**Principal** **Guidance Counselor**



Rebecca Smith Mary Hawkins

**Assistant Principal** **Secretary/Bookkeeper**

Shelly Domingo Danielle Waughtel

Date:\_\_\_\_\_\_\_\_

To the parent/guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I am writing to express concern for your child’s unexcused absences. Your child currently has been marked absent \_\_\_\_\_\_\_ times on the following dates: \_\_\_\_\_\_\_\_\_\_\_\_

School Board Rule and Florida Law require regular school attendance. Parent notes may be excusable for up to 10 days within an entire school year; however, the new NCS K-5 Attendance Policy outlines the criteria for an excused absence. Please note that additional documentation such as licensed doctor notes may be required for absences due to illnesses. Habitually absent students will be referred to the Attendance Committee for review.

**It is expected that your child attends school at least 90% of the time. Since regular attendance is a promotion criterion, having more than 18 absences in a school year in conjunction with other promotion criteria may result in retention. These 18 days include excused and unexcused absences.**

It is our goal to reduce the number of students with absences. If there is an obstacle with getting your child to school in which we can assist, please contact administration or the guidance counselor. Thank you for your support.

Sincerely,

**ELH Attendance Team**

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Attendance Reason for Absences**

\*List the days your child was absent along with the reason they were absent. Please return to school so absences can be documented.

Date: \_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**