

SCHOOL READINESS ENROLLMENT AND ATTENDANCE CORRECTION FORM

ATTENDANCE MONTH _____

Instructions: If your "Manage SR Enrollment" or "Manage SR Attendance" screen on the OEL Provider Services Portal is not correct (either with children missing, duplicate children, children that you are unable terminate, incorrect DOB, unit of care, billing group, etc), please fill out the information below for each enrollment that is incorrect and upload to the Coalition Sharefile – (<https://seminoleearlylearning.sharefile.com>) in the Attendance folder. **DO NOT email** or fax information, Fill in ALL Fields. If you have the same issue for a child in multiple months, please note that in the months and submit only one correction for each child.

Child First Name	Child Last Name	Date of Birth	First day of attendance & last day (If no longer attending)	Notes	Select One:
			Start ___/___/___ <input type="checkbox"/> Currently Enrolled Or Enrollment End Date ___/___/___ Or <input type="checkbox"/> No Show/Never Enrolled		<input type="checkbox"/> Missing on Attendance <input type="checkbox"/> Unable to Terminate <input type="checkbox"/> Incorrect DOB <input type="checkbox"/> Incorrect Unit of Care <input type="checkbox"/> Billing Group Incorrect <input type="checkbox"/> Duplicate <input type="checkbox"/> Other List Corrections in Notes
			Start ___/___/___ <input type="checkbox"/> Currently Enrolled Or Enrollment End Date ___/___/___ Or <input type="checkbox"/> No Show/Never Enrolled		<input type="checkbox"/> Missing on Attendance <input type="checkbox"/> Unable to Terminate <input type="checkbox"/> Incorrect DOB <input type="checkbox"/> Incorrect Unit of Care <input type="checkbox"/> Billing Group Incorrect <input type="checkbox"/> Duplicate <input type="checkbox"/> Other List Corrections in Notes
			Start ___/___/___ <input type="checkbox"/> Currently Enrolled Or Enrollment End Date ___/___/___ Or <input type="checkbox"/> No Show/Never Enrolled		<input type="checkbox"/> Missing on Attendance <input type="checkbox"/> Unable to Terminate <input type="checkbox"/> Incorrect DOB <input type="checkbox"/> Incorrect Unit of Care <input type="checkbox"/> Billing Group Incorrect <input type="checkbox"/> Duplicate <input type="checkbox"/> Other List Corrections in Notes
			Start ___/___/___ <input type="checkbox"/> Currently Enrolled Or Enrollment End Date ___/___/___ Or <input type="checkbox"/> No Show/Never Enrolled		<input type="checkbox"/> Missing on Attendance <input type="checkbox"/> Unable to Terminate <input type="checkbox"/> Incorrect DOB <input type="checkbox"/> Incorrect Unit of Care <input type="checkbox"/> Billing Group Incorrect <input type="checkbox"/> Duplicate <input type="checkbox"/> Other List Corrections in Notes

PROVIDER NAME: _____ CONTACT NAME: _____ CONTACT NUMBER: _____
 *DUPLICATE THIS FORM AS NEEDED EMAIL: _____ DATE: ___/___/___