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 to 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.

<table>
<thead>
<tr>
<th>Child First Name</th>
<th>Child Last Name</th>
<th>Date of Birth</th>
<th>First day of attendance &amp; last day (If no longer attending)</th>
<th>Select One:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Missing on Attendance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Unable to Terminate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Incorrect DOB</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Incorrect Unit of Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Billing Group Incorrect</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Duplicate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>List Corrections in Notes</td>
</tr>
</tbody>
</table>

Start ____/____/______
☐ Currently Enrolled
Or
Enrollment End Date ____/____/______ Or
☐ No Show/Never Enrolled

Start ____/____/______
☐ Currently Enrolled
Or
Enrollment End Date ____/____/______ Or
☐ No Show/Never Enrolled

Start ____/____/______
☐ Currently Enrolled
Or
Enrollment End Date ____/____/______ Or
☐ No Show/Never Enrolled

Start ____/____/______
☐ Currently Enrolled
Or
Enrollment End Date ____/____/______ Or
☐ No Show/Never Enrolled

PROVIDER NAME: ____________________________________________________________________________
CONTACT NAME: ____________________________________________ CONTACT NUMBER: ________________
EMAIL: ____________________________________________________________________________________ DATE: ____/____/______

*DUPLICATE THIS FORM AS NEEDED*