

**ARLYN SCHOOL**  
**Therapeutic Day ▲ Extended Day ▲ Transition Program**  
 3013 Illinois Road • Wilmette, IL 60091-1151  
 847/256-7117 Fax 847/256-7188

**PLANNED ABSENCE FORM**

Regular attendance in class, participation in school activities and interaction between students and staff are essential for the learning process at Arlyn School. Extended absences such as travel, vacation, and personal plans are strongly discouraged due to the negative impact that such absences may have on a child's education. The student and parent should consider carefully before deciding on any activity that necessitates school absence. The value of the activity should very clearly compensate for the loss of instructional time.

A student contemplating an absence from school must complete this form to obtain the signatures of all teachers, case manager, therapist, and an administrator. Planned absences count toward the 10-absence maximum. **The Planned Absence Form must be submitted at least one (1) day prior to the absence in order for the absence to be classified as Excused.**

It is the student's responsibility to obtain make-up work from their teacher(s) following the absence(s) and must comply with the X+1 policy.

I, \_\_\_\_\_, request to be absent from school beginning  
*(student name)*  
 \_\_\_\_\_, 20\_\_\_\_ through \_\_\_\_\_, 20\_\_\_\_, in  
 order to \_\_\_\_\_  
*(state reason of absence)*

*Parent(s)/Guardian(s) (your signature means approval of planned absence).*

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Arlyn Staff:* Your signature below means that the student has informed you of the intended absence. Your signature does not indicate approval or disapproval. You may write comments, however, you are not required to do so.

Period	Course Title	Teacher Signature	Comments
1			
2			
3			
4			
5			
6			
7			
8			

*Arlyn Team:* On the basis of this student's academic standing, attendance record and information from his/her teacher(s), we \_\_\_approve\_\_\_disapprove this request.\*

*Case Manager Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Primary Therapist Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Administrator Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\* Does not apply to planned absence for religious holidays.