

ARLYN SCHOOL
Therapeutic Day ^ Extended Day ^ Transition Program
 2789 Oak Street • Highland Park, IL 60035
 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.