To Parent(s) and Medical Providers -

The Oakfield School District believes that it is critically important for all students to be in attendance every day in order to maximize the learning opportunity. Even small disruptions to a student’s learning routine can have a big impact on the continuity of academic development. At the same time, we recognize that there will be times when a student will need to miss school due to things such as an illness or some form of family emergency.

In the state of Wisconsin, parents are allowed to excuse their child from school for only ten days in a school year (118.15(3)(c)). The district’s Attendance/Truancy Plan outlines the acceptable reasons for such absences. It is also important to note here that it only takes five unexcused absences for a student to be considered a habitual truant (118.16(1)(a)). Habitual truancy status can result in a referral for municipal citation and/or county prosecution.

We also recognize that there are unfortunate situations where students may be suffering from a continuous or intermittent prolonged illness that will result in the student missing more than ten days in a year. State statute does allow certain healthcare providers to excuse a student from school:

118.15(3)(a) - The school attendance officer may request the parent or guardian of the child to obtain a written statement from a licensed physician, dentist, chiropractor, optometrist, psychologist, physician assistant, or nurse practitioner, as defined in s.255.06 (1) (d), or certified advanced practice nurse prescriber or Christian Science practitioner living and residing in this state, who is listed in the Christian Science Journal, as sufficient proof of the physical or mental condition of the child. **An excuse under this paragraph shall be in writing and shall state the time period for which it is valid, not to exceed 30 days.**

**In order to have student absences excused by a healthcare provider, the parent would need to sign below, have the bottom portion completed by an appropriately licensed healthcare provider, and return the form to the child’s school building administrator.**

As the parent/guardian of the above-named student, my signature here grants my consent for the district to contact by phone or email the healthcare provider listed below for the purpose of verifying my child’s medically excused absences; and to discuss (if any) ongoing health issues that will continue to impact my child’s ability to attend school.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To Be Completed by Healthcare Provider**

If excusing previous absence(s) for medical reasons, please list date(s) here:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If excusing future absence(s) for medical reasons, please list date(s) here, not to exceed a total of 30 days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a basic description of the nature of the illness and how this has or will prevent this student from attending school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As an appropriately licensed healthcare provider, my signature below verifies that I have seen and/or treated this child for the above referenced illness/condition; and that this child was/is not fit to attend school on the days listed above.

Licensed Healthcare Provider Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Explanation of Responsibilities, Rights, and Penalties**

**Relating to State Statutes**

**The compulsory school attendance law [Wis. Stats. §118.15(1)(a)] requires that:**

“…any person having under control a child who is between the ages of 6 and 18 years (or for a child who has been enrolled in a 5-year-old kindergarten program) shall cause the child to attend school regularly during the full period and hours, religious holidays excepted, that the public or private school in which the child should be enrolled is in session until the end of the school term, quarter, or semester of the school year in which the child becomes 18 years of age.”

You, as a parent, guardian, or child (if over age 18), may request program or curriculum modifications if you feel the need to do so. Further, you may also wish to review eligibility for enrollment in a program for children at risk as we discuss alternatives that may assist improved attendance.

Please also be informed that if after evidence has been provided that: (1) the activities under W.S. 118.16(5) have been completed as set forth above and in the letter on the reverse side and (2) an evaluation has determined if learning or social problems may be the cause of your child’s truancy with appropriate action having been taken, the school attendance officer may file information on any child who continues to be truant with Winnebago County Circuit Court under Ch. 938 in accordance with §938.24. Filing information on a child under this subsection also allows concurrent prosecution of the child’s parent or guardian under §118.15(5). The penalties for violating this section include a fine of not more than $500 or imprisonment of not more than 30 days or both. By working with us to resolve this matter, such action will not be necessary