WILL COUNTY REGIONAL OFFICE OF EDUCATION

116 N. CHICAGO STREET, SUITE 400 · JOLIET, ILLINOIS 60432
PHONE: (815) 462-5400 · FAX: (815) 462-5402 · WWW.WILLROE.ORG
Dr. Lisa Caparelli – Ruff, *Regional Superintendent* Dr. John W. Sparlin, *Assistant Regional Superintendent*

Date:
Re:
School:
Grade:

Dear Parent/Guardian,

We are writing to inform you that it has come to the attention of the Will County Regional Office of Education that your child has accumulated a significant number of absences/tardies from school during the 2025-2026 school year. For your reference, please see the detailed attendance record that is attached.

As outlined by **Illinois School Law**, parents and guardians are responsible for ensuring their child's regular attendance, including arriving on time. Schools are required to notify the Regional Office of Education when attendance concerns arise.

According to the Illinois School Code, absenteeism is defined as being absent for 5% or more of the previous 180 school days, equating to nine days or more. **Since your child has surpassed this limit, we are addressing the situation to find a solution.**

Included with this letter is a form that must be completed by a physician and returned to the school **within 24 hours of an absence**. This form will help us determine if the absence can be excused for medical reasons. **Please note that any doctor's note that does not utilize this specific form will result in the absence being categorized as unexcused.**

Your child may return to school without a doctor's note; however, any absence without the required documentation will be considered unexcused.

If you have any questions, please feel free to contact our office. Our phone number is listed at the top and bottom of this letter.

Sincerely,
Andrew Alarcón
Truancy Officer
Will County Regional Office of Education
815-630-5827
aalarcon@willroe.org

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RE:
DOB:
SCHOOL:

Notice to Attending Physician:
The student above **must** be seen by a physician in order for absences from school to be excused. An absence will only be excused if the doctor orders the student not to be in school, or the school nurse determines the student should not remain in school due to illness. This form **must be fully** completed and signed by the physician. The student is to have it returned to the attendance office or school nurse **within 24 hours of returning to school after an absence**. As a medical professional if you **do not** believe that it is medically necessary for this student to miss school please **do not** fill out this form.
Without this form, completed in its entirety, the absence/tardy will be recorded as unexcused/ truant.

Sincerely,

Andrew Alarcón
Truancy Officer
Will County Regional Office of Education

What date was the student examined? _____ Time In: _____ Time Out: _____

Is the student able to return to school? Yes ___ No___

List the day(s) if any, that it was determined, **medically necessary** for the student to be excused from school as a result of this examination.

Please include specific dates: _____

May the school call your office if there are questions? Yes ___No___

Medical facility name: _____

Medical facility address: _____

Medical facility phone number: _____

Physician's full name printed: _____

Physician's signature: _____ Date _____

Physician's Medical Stamp