

## Students

### Exhibit - Disenrollment of Students & Technology Agreement

*This form should be completed when a child's absence will occur for nine or more days which is considered an unexcused absence. Please complete the form, read the Important Technology Note, and return this form with your signature to the Building Principal or Designee.*

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

D220 School: \_\_\_\_\_

I plan to take my child out of school for: \_\_\_\_\_  
(provide a brief explanation, ex: extended family vacation, performing in a production, participate in a competition/event, etc)

First day of absence will begin on (date): \_\_\_\_\_

Scheduled return date: \_\_\_\_\_

*Since your child will be gone more than 5% of the previous 180 days of attendance, your child will be considered chronically truant and that must be reported to the Illinois State Board of Education. Parents have the option to disenroll their child and then re-enroll when they return.*

**Important Technology Note:** A student who disenrolls from the district for an extended absence with the intention of re-enrolling in the district within the present school year may, at the discretion of the district, be allowed to retain possession of a district-owned device. The student may also be provided access to district technology resources. A disenrolled student who retains possession of a district-owned device and access to district technology understands and agrees that the terms of this Agreement, as well as all applicable School Board and district policies and procedures, continue to govern the student's use of the device and access to district technology resources. If the student does not re-enroll in the district within the present school year, the student will be responsible for returning the device to the district and the student's access to district technology resources will be revoked. Any device not returned will be considered stolen. The district reserves the right to deny a disenrolling student the right to retain possession of a district-owned device.

**I have read this exhibit and I wish to disenroll my child during the extended absence outlined above with the understanding that I plan to re-enroll my child during the present school year.**

\_\_\_\_\_  
Name of individual completing this form (*please print*)

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date