

School Visitation Form

Lockport Area Special Education Cooperative
1343 E. 7th Street
Lockport, Illinois 60441

Please print or type all information.

Illinois School Visitation Rights Act (820 ILCS 147/30)
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<p>This form is suggested to document and verify leave taken under the above Act. This leave is for an employee to “attend necessary educational or behavioral” conferences at the school attended by his or her child. ¹</p>
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Employer Information

Name of Employer:	
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Employee Information

Name of Employee:	

School Information

Date of School Conference:			
Exact Time Conference Began:			
Exact Time Conference Ended:			
Name of School:			
School Address:			
City:		State:	Zip Code:
School Administrator's Name:			
School Telephone Number:	()		
School Administrator Signature:			

¹ Under the Act, “child” includes biological, adopted, foster, stepchild of the employee and/or a legal ward of the employee.