School Choice
Explore your options

LEAVE OF ABSENCE APPLICATION

PLEASE READ THE FOLLOWING INFORMATION PRIOR TO COMPLETING THIS APPLICATION

The guidelines regarding a leave of absence can be found in the School Board Policy 5004.1. The leave of absence request must be approved by the Principal of the student's current school (Magnet Program, Reassignment or Nova school) and the Director of the Demographics & Student Assignments Department **prior to withdrawing** from the school. A confirmation letter confirming your request for a leave of absence will be sent to you and should be kept for documentation purposes. Please complete one application for each child requesting a leave of absence.

A LEAVE OF ABSENCE WILL BE CONSIDERED UNDER THE FOLLOWING CIRCUMSTANCES:

Student will be relocating outside of the Broward County School District: Students who are physically relocating outside of the Broward County School District will be granted a leave of absence for up to **one year**. This time frame will be measured based on the date of the approved leave of absence application. Parents requesting for their child(ren) to return to the approved school must submit a written request to the Demographics and Student Assignment Department prior to the expiration of the leave.

Student will be attending a School Board approved program: Written verification of acceptance into a specialized School Board approved program must be submitted along with the completed leave of absence application. A certificate of completion of the program must be presented upon request for reinstatement into the approved school. The duration of the leave of absence is valid for **one year** from the application approval date or the completion of the School Board approved program.

Student will be hospitalized for an extended period of time: A student who has been hospitalized due to a medical condition will be granted a leave of absence for **the duration of the hospital stay**. Appropriate documentation is required to confirm the time spent in the medical facility.

If your leave of absence request does not conform to the guidelines outlined in School Board Policy 5004.1, your child may not be eligible for a leave of absence. Should you wish to remove your child from their current school, you must contact the school directly to inquire about the withdrawal process.

☐ **CHECK HERE TO CONFIRM THAT YOU HAVE READ AND UNDERSTAND THE REQUIREMENTS OF OBTAINING A LEAVE OF ABSENCE AS OUTLINED BY SCHOOL BOARD POLICY 5004.1.**

Parent/Legal Guardian Signature: _____ Date: _____

AFTER REVIEWING THIS INFORMATION, PLEASE CONTINUE ON THE REVERSE SIDE OF THIS FORM TO COMPLETE THE LEAVE OF ABSENCE APPLICATION.

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LEAVE OF ABSENCE APPLICATION

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING THIS APPLICATION

Before completing, **please indicate on page 1 that you have read and understand the requirements** of obtaining a leave of absence as outlined by school board policy 5004.1 **Supporting documentation MUST be provided, when indicated.** Providing supporting documentation does not guarantee the request will be granted. Incomplete applications will **NOT** be processed. **Emailed or faxed applications are NOT ACCEPTED.**

Student Identification Number #   **Student Date of Birth**   **Gender**   **Current Grade**

                        Month   Day   Year   Male Female   (K - 12)

Student's Last Name   **Student's First Name**

PLEASE SELECT ONE OF THE FOLLOWING REASONS FOR A LEAVE OF ABSENCE REQUEST:

(Only the reasons identified in School Board Policy 5004.1 will be considered.)

☐ **Student is temporarily moving out of county:**

Out-of-County Address (No P.O.Box)   **Bldg/Apt#**

City   **State**   **Zip**

Name of Out-of-County School: _____

☐ **Student has been approved to attend a School Board approved program:**

(Please indicate the program below. Documentation confirming the student's acceptance into the program must be submitted along with this application.)

   ☐ **Alternative Education Program** *(Site/Program Name)* : _____

   ☐ **ESE Center** *(Site/Center Name)* : _____

   ☐ **Substance Abuse Program** *(Site/Program Name)* : _____

   ☐ **Broward County School Homebound Program** *(Hospital Name/Location)* : _____

☐ **Student will be in the following hospital for an extended period of time:**

(Supporting Documentation must be submitted along with this application.)

Hospital Name/Location: _____

By signing this document I confirm that I am the parent/legal guardian on file at the student's current school. I certify that all information contained herein is true and accurate and I understand that providing false information may result in the denial or rescindment my request. I understand that providing supporting documentation does not guarantee my request will be granted. All applications will be reviewed in accordance to school Board Policy 5004.1. **My signature confirms that I have read and understand the requirements of obtaining a leave of absence as outlined by school board policy 5004.1**

Parent/Legal Guardian Last Name   **Parent/Legal Guardian First Name**

Primary Email address MUST BE PROVIDED in order to receive status notifications   @

Primary Phone   **Secondary Phone**

Parent/Legal Guardian Signature: _____   **Date:** _____

FOR OFFICE USE ONLY:

Signed: _____   ☐ **Approved** ☐ **Denied** **Date:** _____

   (Principal of Magnet Program, Reassignment or Nova School)

Signed: _____   ☐ **Approved** ☐ **Denied** **Date:** _____

   (Director of Demographics & Student Assignments)