

Leaves of Absence



Developmental Research School
at the University of Florida

A leave of absence from enrollment at P.K. Yonge may be granted to a student unable to attend P.K. Yonge because of a change in residence for a predetermined period of time that will make it impossible to come to the P.K. Yonge campus each day. Leave may also be granted to provide an opportunity for students to participate in educational programming that P.K. Yonge is not able to provide.

Applications for Leave of Absence may be obtained from the Admissions Office or on the P.K. Yonge Website.

Leave is **granted for one academic year only** or for the remainder of an academic year and must be approved by the Director of the school. Requests for additional leave will be approved only for extenuating circumstances and granted at the discretion of the Director of the school.

Leave is granted for reasons described in the Leave of Absence Application. Should circumstances change during a Leave of Absence, families must contact the school should these changes impact the Leave of Absence.

Leave of Absence requests must be submitted to the Admissions Office with a \$50 Leave of Absence Fee.

An approved Leave of Absence application accompanied by the \$50 fee renders the student eligible for readmission to P.K. Yonge. It does not guarantee readmission. Families must apply for readmission toward the end of the leave period.

Readmission

Readmission is **based on space availability** and an **updated review of current grades, test scores, academic needs, discipline and attendance reports** to determine whether the student qualifies based on the school's applicable admissions criteria.

In order for a student to be readmitted after a Leave of Absence, families must have already received approval from the Director for a Leave of Absence (see details above).

In addition, families must:

1. **Request readmission** by notifying the Admissions Office of an intention to return by February 1 prior to the school year they intend to return
2. **Receive approval for readmission** from the Director

AFTER approval for readmission has been received and prior to the start of the school year that the student is planning to return, families must:

1. **Submit an Application Annual Update** with required documents
2. **Pay the Annual Activity Fee**

If after an initial Leave of Absence year, a student with a disability is found to require services that P.K. Yonge is not able to provide in a general education setting, families must submit a new Leave of Absence Form and pay a \$50 Leave of Absence Fee in order to be eligible for readmission.

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Request for Leave of Absence

Please Print in Ink

Student **Legal** Name (Last) _____ (First) _____ (Middle) _____

Current Grade _____ Phone (_____) _____

Mailing Address _____ City _____ ST ____ Zip _____
(During Requested Leave of Absence)

I, _____ (parent/guardian name), request a Leave of Absence for my child listed above.

This Leave of Absence will begin on _____ and end on _____.

Reasons for this Leave of Absence request (e.g. temporary employment of parent/guardian away from Gainesville, sabbatical, child to live with a relative) are provided below.

- I understand that a Leave of Absence Application must be approved by the Director of the School.
- I am attaching a non-refundable \$50.00 Leave of Absence fee (check payable to the University of Florida).
- I understand that if approved, the Leave of Absence will be granted only for the duration of the current academic year or the next academic year.
- I certify that the Leave of Absence is requested for the specific reasons stated above.
- I agree to inform the school immediately of any changes during the leave period.
- I understand that if I do not notify the school prior to February 1 of my intention to readmit my child to P.K. Yonge in the following year, I forfeit eligibility for re-admission for my child.
- I understand that an approved Leave of Absence, the \$50.00 non-refundable fee, and notification to the school by February 1 renders my child eligible for re-admission but will not guarantee readmission.

By signing below, I acknowledge and understand the conditions outlined above.

Parent/Guardian Name (Print) _____

Approved _____ Denied _____

Parent/Guardian Signature _____

Director's Signature _____

Date _____

Date _____

Office Use Only

Fee Paid (\$50.00): Payment _____ Check # _____ Received by: _____ Date: _____

Skyward: _____ Date: _____ Student DB: _____ Date: _____