

Cambridge Public Schools
Administrative Guidelines and Procedures
SABBATICAL LEAVE FOR FAMILIES

The Cambridge Public Schools (“CPS”) understands that changes in life circumstances may pull a family away from Cambridge for an extended period of time. CPS fully supports a family’s desire to remain united during an extended absence from Cambridge and their desire to have their children return to their school when the family comes back to Cambridge. For the wellbeing of the family and student, CPS provides Sabbatical Leaves as a means to enable families to leave Cambridge for up to a year while maintaining a child’s place at their current school. CPS supports families who need to take a leave of Cambridge for a while.

For the purposes of these guidelines, a sabbatical leave is a leave of absence that causes a family to leave Cambridge or the United States period of time. A leave of absence may result from a family crisis or emergency, a family’s need to spend a year abroad, a short-term work assignment, and educational opportunities elsewhere. CPS also supports our international families and appreciates that visiting home and family may require extended lengths to trips abroad. Sabbatical Leaves are required for any absences that will **exceed 10 school days** due to the family leaving Cambridge or the United States.

Under no circumstances will a sabbatical leave be granted solely for the purpose for a student to attend any other school either public, private, or charter while holding a seat in CPS

Process to Request Reservation of Student’s Seat at School

1. The parent/guardian/custodian must provide the Principal/Head of Upper School with the completed Sabbatical Leave Form page 1 prior to leaving Cambridge and the school.
2. The parent/guardian/custodian must provide documentation to the Principal/Head of Upper School that the family will return to their current Cambridge residence or a different Cambridge residence upon expiration of the approved leave. The Principal/Head of Upper School will then send a copy of the Sabbatical Leave Form page 1 and the Principal/Head of Upper School’s completed Sabbatical Leave Form page 2 and residency documentation to the Office of the Superintendent.
(Documentation of continued residency in Cambridge may be a copy of a lease that covers the length of the requested sabbatical and return to Cambridge, a copy of a deed, mortgage statement or real estate tax bill.)
3. The parent/guardian/custodian will be informed in writing by the Office of the Superintendent of the decision as to whether a seat will be reserved for the child as requested. If so, the seat shall be reserved for **not more than one (1) year from the start of the sabbatical leave**. For schools with a waiting list, the child would, by virtue of the child’s reserved seat, take priority over others on the school’s waiting list.
4. Upon a family’s return to Cambridge and **prior** to the child returning to the child’s school, the family must e-mail the Student Registration Center at src@cpsd.us and provide proof of residency in

Cambridge. At that time, the Student Registration Center will inform the family when the child will return to school, and the Student Registration Center will re-enroll the child and inform the child's school via e-mail of their return and the date of their return to school.

Appeal of Decisions Rendered

Decisions will be rendered by the Office of the Superintendent, in concert with the Student Registration Center, to ensure that no violations of the teachers' collective bargaining agreement occur with regard to class size. Should the parent/guardian/custodian choose to do so, he/she may appeal the decision by filing a written appeal with the Superintendent. An appeals committee will then hold a hearing affording due process and full consideration of all facts as presented by the parent/guardian/custodian and the Principal/Head of Upper School.

Date issued: December 6, 2017

SABBATICAL LEAVE FORM Page 1 – To be completed by the family

The purpose of this request is to reserve a space for a student currently attending a CPS school, which will enable the child to accompany the child's parent/guardian/custodian during a leave of absence and still retain a seat in the school the child attended prior to the leave of absence.

DEFINITION:

A sabbatical leave is a leave of absence that causes a family to leave Cambridge or the United States for an extended period of time. A leave of absence may result from a family crisis or emergency, a family's need to spend a year abroad, a short-term work assignment, and educational opportunities elsewhere. CPS also supports our international families and appreciates that visiting home and family may require extended lengths to trips abroad. Sabbatical Leaves are required for any absences that will **exceed 10 school days** due to the family leaving Cambridge or the United States.

Under no circumstances will a sabbatical leave be granted solely for the purpose of a student attending another school while maintaining a seat in a CPS school.

NOTES: If approved by the Principal/Head of Upper School, a space will be reserved for the student as required, but for NOT MORE THAN ONE (1) YEAR FROM THE START OF THE APPROVED LEAVE.

To be completed by the parent/guardian/custodian and returned to the Principal/Head of Upper School

I request that a space be reserved for my child, _____, a student in grade _____ (Learning Community____) at the _____ School during the child's absence

while accompanying me/my family on a leave of absence from Cambridge starting _____ to _____.

* Attached please find documentation that our family will return to our current Cambridge residence or a Cambridge residence upon expiration of the approved leave.

I understand that, if approved, a space will be reserved for my child, but not for longer than one (1) year from the start of this sabbatical leave.

Parent/Guardian/Custodian signature

Date

* Principal/Head of Upper School will send a copy of all documentation to the Office of the Superintendent.
CC: Principal/Head of Upper School, Superintendent, Deputy Superintendent, Student Registration Center

SABBATICAL LEAVE FORM Page 2 – To be completed by the Principal/Head of Upper School

CPS STUDENT ID# _____

1. A review of the records of _____ shows the following:

| | Excellent | Good | Fair | Poor |
|------------------------|------------------|-------------|-------------|-------------|
| ATTENDANCE | | | | |
| BEHAVIOR | | | | |
| ACADEMIC RECORD | | | | |

2. Upon returning to the _____ School,
_____ will remain in/move to grade _____.

Name of Student

3. Comments:

4. I recommend/do not recommend that a space be reserved for this student at the
_____ School.

Principal/Head of Upper School

Date

Approved by:

Superintendent of Schools

Date