

Pregnant and parenting pupils are entitled to accommodations and are protected under the law which strictly prohibits discrimination, penalization, or exclusion from school activities due to their pregnancy or parenting status and shall treat pregnancy, childbirth, false pregnancy, termination of pregnancy, and recovery in the same manner as a temporary disability condition (Ed code 221.51). Under the law, pupils who qualify are entitled to eight weeks of parental leave which the pupil may take before the birth of the pupil's infant **if there is a medical necessity** and after childbirth during the school year in which the birth takes place (considered baby bonding time). Other accommodations as stated in Ed code 46015 include, but are not limited to:

1. When a pupil takes parental leave, the supervisor of attendance shall ensure that absences from the pupil's regular school program are excused until the pupil is able to return to the regular school program or an alternative education program.
2. During parental leave taken, a local educational agency shall not require a pregnant or parenting pupil to complete academic work or other school requirements.
3. A pregnant or parenting pupil may return to the school and the course of study in which he or she was enrolled before taking parental leave.
4. Upon return to school after taking parental leave, a pregnant or parenting pupil is entitled to opportunities to make up work missed during his or her leave, including, but not limited to, makeup work plans and re-enrollment in courses.
5. A pregnant or parenting pupil may remain enrolled for a fifth year of instruction in the school in which the pupil was previously enrolled when it is necessary in order for the pupil to be able to complete state and any local graduation requirements, unless the local educational agency makes a finding that the pupil is reasonably able to complete the local educational agency's graduation requirements in time to graduate from high school by the end of the pupil's fourth year of high school.

If the pupil is 18 years of age or older, or, if the pupil is under 18 years of age, the person holding the right to make educational decisions for the pupil, should notify the school of the pupil's intent to exercise the right to maternity leave. Failure to notify the school shall not abridge the rights established by this paragraph (Ed code 46015).

### **Terms**

A "**pregnant and parenting pupil**" is a pupil who gives or expects to give birth or a parenting pupil who has not given birth and who identifies as the parent of the infant (Ed code 46015).

A "**medical necessity**" is defined as a condition in which a treating physician identifies potential complications before or after birth that affect the mother, child, or both.

A "**parenting pupil**" would apply to both of the biological parents of the infant, and may also apply to a partner of the pregnant student who is not a biological parent, but is in a "parenting" relationship.

## Student Maternity Leave Notification

Student Name: _____	DOB: _____	Grade: _____
School Site: _____		
Address: _____	City: _____	Zip: _____

Under the law, and in accordance with educational code 46015, 221.51, 222, and 222.5, I am providing notice of the above named students desire to execute maternity leave to begin \_\_\_\_\_ (Date).

- The above named student will be afforded with (8) weeks of maternity leave after the birth of the child, but is not obligated to take the entirety of the leave and may return to school/program at any time \_\_\_\_\_ (Student initials).
- If it is medically necessary to extend maternity leave due to complications arising before and/or after pregnancy, involving the parent and/or child, the third page of this document would need to be completed by the treating physician and returned to the school \_\_\_\_\_ (Student initials).

Students Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If student is under the age of 18, the following to be completed by parent/guardian:**

**AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE-NAMED STUDENT, MY SIGNATURE BELOW PROVIDES AUTHORIZATION TO SPRINGS CHARTER AND THE TREATING PHYSICIAN TO RELEASE/EXCHANGE MEDICAL AND ACADEMIC INFORMATION OF THE ABOVE-NAMED STUDENT TO DETERMINE ELIGIBILITY, SERVICES AND TEMPORARY ACCOMMODATIONS.**

Parent Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***This page to be completed only if requesting medically necessary maternity leave prior to and/or after birth and must be completed by a physician***

**PHYSICIAN:** A request for maternity leave prior to birth and/or extension past the 8 weeks post birth, is being made for the above-named student. Springs Charter Schools requires that a licensed California **physician** currently treating the student file a statement that includes a medical diagnosis to the extent that the student is unable to attend classes.

**Attending Physician's Statement**

**Is the student experiencing complications related to the pregnancy requiring maternity leave prior to the birth of the child or an extension to the 8 weeks post birth? [ ] YES [ ] NO**

**If yes, please list complication(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approximate date student may return to school: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*My signature indicates that I certify this student is a candidate for medically necessary maternity leave prior/and or after birth related to complications affecting the mother, child, or both.

Physician or Psychiatrist Name (printed): \_\_\_\_\_ License Number: \_\_\_\_\_

Physician or Psychiatrist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital/Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_