



# Short Term Independent Study Contract

**\*One form per independent study window**  
(Cannot Exceed 14 Days in a School Year)

## Part 1: General Student Information Ed.Code 51748, 51747.3, 46300.1

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

## Part 2: Independent Study Request Ed.Code 51748, 51747(c)(5), 46300(e)(1), 47610

Date Submitted: \_\_\_\_\_

Requested Dates of IS: Beginning Date: \_\_\_\_\_, Ending Date: \_\_\_\_\_ # of School Days: \_\_\_\_\_

Reason: \_\_\_\_\_

## Part 3: Independent Study Agreement

**Timeline Requirements:** All portions of the contract must be completed and submitted 5 school days prior to the beginning of the independent study. The request must be approved by an administrator before work can be assigned. Contracts will not be issued for the first two weeks at the beginning of the school year nor the last two weeks of the school year.

**Assignments:** All assigned work must be returned to the classroom teacher by the date listed on the assignment summary. The due date is 2 school days after the last day of the Independent Study Contract. Failure to complete assignments will result in the student receiving no credit for the work nor the attendance credit.

**Grading:** Grade earned is dependent upon completion of assignments and quality of work produced in accordance with the guidelines established by the instructor(s).

**Voluntary Statement:** Independent study is a voluntary, optional educational alternative. All students who choose independent study must have the continuing option of returning to the classroom.

**Equitable Provision of Resources and Services:** The independent study option is to be substantially equivalent in quality and quantity to classroom instruction. Students who choose to engage in independent study have equal rights and privileges with students in the regular school program.

**We have read and AGREE to the terms and provisions of this contract, including the Independent Study Assignment Summary.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### School Use Only

IN ACCORDANCE WITH EDUCATION CODE 46300, I APPROVE THE CONTRACT FOR THE ABOVE NAMED STUDENT TO ENROLL IN INDEPENDENT STUDY.

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_