

MASTER AGREEMENT FOR INDEPENDENT STUDY

NAME		SCHOOL	GRADE
ADDRESS		BIRTHDATE	AGE
CITY	ZIP	PHONE	
DURATION		ENTRY DATE	EXIT DATE
LOCATION(S)			

OBJECTIVE: The purpose of this arrangement is to enable the student to reach the learning objectives and complete classwork outside of the regular school classroom, providing a voluntary educational alternative. The Enterprise Elementary School District (EESD) curriculum is the basis for assignments, and EESD will provide teacher services, instructional materials, and other necessary items and resources as specified for each assignment. All work is due immediately at the conclusion of the agreed upon Independent Study term (Board Policy 6158), and after 2 missed assignments, an evaluation will be made to determine whether independent study is an appropriate strategy for this student. Signatures below represent agreement to meet with teacher as indicated here:

Frequency:	Time:	Place:	Manner:
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(Student) I UNDERSTAND THAT:

- Independent study is an optional form of education that I have voluntarily chosen.
- As if I were enrolled in _____ School,
 - I am entitled to textbooks, supplies, supervision by my teachers, and all of the services/resources received by other children enrolled in my grade at school.
 - I have the same rights as other students in my grade at school.
 - I must follow the discipline code and behavior guidelines of the school/district.
- Failing to complete assignments may result in review of this agreement, and I may not be allowed to continue in Independent Study.
- Independent Study is voluntary, and I have the continuing option to return to the classroom.

I AGREE TO:

- Be supervised by and meet regularly with my teacher.
- Complete my assigned work by its due date, as explained to me by my teacher and described in my written assignments to at least the minimum performance requirements of the course.

(Parent/Guardian) I UNDERSTAND THAT:

Recognizing that the major objective of Independent Study is to provide a voluntary educational alternative for my child, I understand the conditions listed under "Student" as well as the following:

- Learning objectives are consistent with and evaluated in the same manner that they would be if s/he were enrolled in a regular classroom program.
- If my child has an IEP, the IEP must specifically provide for enrollment in Independent Study in order to qualify.
- A teacher will meet with my child and me as indicated to direct the child's study and measure progress toward the objectives in this agreement.
- We understand that according to the district policy for grades K-8, the maximum length of time allowed between the assignment and its due date is four (4) weeks.
- I may appeal to the school administrator any decision about my child's placement or school program according to the Enterprise Elementary School District procedures.

I AM RESPONSIBLE FOR:

- Supervising my child while s/he is completing assignments and for ensuring the submission of all completed assignments.
- Promptly rescheduling any missed appointments.
- Providing transportation to/from the school site for my child.
- The cost of replacement/repair of damaged or lost books and other school property checked out to my child.

My signature indicates that I have read and agree to the entirety of this agreement and the conditions set forth herein.

Student	Date
Parent/Guardian	Date
Teacher	Date
Program Administrator	Date
District Designee	Date

Attendance Days Requested	<input type="text"/>	Days Earned	<input type="text"/>
Supervising Teacher's Signature		Date Recorded	
Attendance Clerk's Signature		Date Recorded	