Sonoma Charter School Independent Study Agreement

Student Name:			
Phone:			
Duration of Agreement:	Beginning Date:	End Date:	
School Responsibilities:			
• This agreement is in effect	et for the following days of the curr	ent school year.	
	ne duration of this agreement is to e the period covered by this agreemen		
complete the assignments will be a part of this agree	le the student to successfully reach identified in the Assignment and Vernent. With the support of the pare on or before the due date specified in	Work-Record Form(s) that ent/guardian, the student	
 The student will complete 	e student will complete, during the term of this agreement, the course work listed.		
 The student's work will b Work-Record Form(s). 	e evaluated by the method specifie	d in the Assignment and	
Student Responsibilities I agree to:	:		
•	ork by its due date, as explained by s.	my teacher and described	
Parent/Guardian/Caregiv I understand that during a pla			
	rvising my student while he or she e submission of all completed assig		
	s agreement, including the Assignn greement, and hereby agree to all t		
Student Signature:		Date:	
Parent/Guardian:		Date:	
	eacher:	Date:	

Form Instructions: When a parent notifies the teacher of necessity of independent study, teacher fills out this form and signs it along with student and parent. The original is then forwarded to the office for notification of upcoming independent study. Teacher keeps the colored copy for classroom file.