

**RIVER CITY HIGH SCHOOL INDEPENDENT STUDY AGREEMENT**

Student Name: _____	Id Number: _____	Grade: _____	Age: _____
Birthdate: _____	Address: _____	Phone Number: _____	
Date Leaving _____	Date Returning _____	Total School Days absent _____	

Parent/Guardian/Caregiver Responsibilities:

- **I understand that I must request Independent Study five (5) days prior to leave date from Mrs. Quinn, Outreach Specialist.**
- I understand that Independent Study is an optional educational alternative for my child that I have voluntarily selected. I agree to the conditions listed under "Student".
- I am responsible for supervising my child while he or she is completing the assigned work and for ensuring the submission for all completed assignments necessary for evaluation by due dates.
- I am liable for the cost of replacement or repair for willfully damaged books and other school property checked out by my child

Student Responsibilities:

**I understand that:**

- Independent Study is a form of education I have voluntarily chosen.
- **I understand that my attendance and grade/credit marks are based on completion of the assignments. If the assignments are not completed then my absence will be listed as unexcused and no grade credits will be earned.**
- I understand that some classes such as lab sciences and performance based classes do not have equivalent Independent Study work and therefore I may not receive full credit for those classes while on Independent Study
- I agree to complete my assigned work by its due date, as explained by my teacher or teachers and described in my Student Work Assignment.

School Responsibilities:

- This agreement is to enable the child to successfully reach the objectives and complete the assignments identified in the Student Work Assignment that will be a part of this agreement.
- The child's work will be evaluated by the method specified in the Student Work Assignment.

We have read this agreement, including the Student Work Assignment and hereby agree to all the conditions set forth within.

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

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

WASHINGTON UNIFIED SCHOOL DISTRICT  
**RIVER CITY HIGH SCHOOL INDEPENDENT STUDY AGREEMENT**

**Student Work Assignment**

Student Name: \_\_\_\_\_ Id Number: \_\_\_\_\_ Grade: \_\_\_\_\_  
Date Leaving \_\_\_\_\_ Date Returning \_\_\_\_\_ Total School Days absent \_\_\_\_\_  
Date Assignments Due \_\_\_\_\_

- The student shall submit assignments to the appropriate teacher the day they return to school.
- Testing schedule must be pre-arranged with teacher and not to exceed 5 days after return.
- **If after five (5) days following the return of the student to school and the assignment(s) have not been turned in for grading, the student will return to class and no academic progress will be received and all absences will be unexcused. ONCE TEACHERS HAVE SIGNED FOR COMPLETION, THIS PAGE MUST BE TURNED INTO ATTENDANCE: MRS. QUINN.**

Period 1  Course: _____	Assignment (please attach additional)	Teacher Signature <b>Receipt of contract:</b> _____ <b>Completion:</b> _____
Period 2  Course: _____	Assignment (please attach additional)	Teacher Signature <b>Receipt of contract:</b> _____ <b>Completion:</b> _____
Period 3  Course: _____	Assignment (please attach additional)	Teacher Signature <b>Receipt of contract:</b> _____ <b>Completion:</b> _____
Period 4  Course: _____	Assignment (please attach additional)	Teacher Signature <b>Receipt of contract:</b> _____ <b>Completion:</b> _____

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Attendance Signature: \_\_\_\_\_ Date: \_\_\_\_\_