



ACADEMY

Restoring America's Heritage by Developing Servant Leaders

REQUEST FOR INDEPENDENT STUDY
Secondary (7th-12th Grades)

Independent Study can be requested for absences of three (3) consecutive days or more. Independent Study Requests must be completed and turned in to the OFFICE at least SEVEN school days before the Independent Study begins. (Request for fewer than three days require Headmaster approval)

Once approved, this request will become an Independent Study Contract.

Scholar Name: _____ Grade _____

Scholar to be absent from ___/___/___ (First day out of class) to ___/___/___ (Last day out of class).
Date Date

Total School Days to be missed: _____

Reason for Independent Study:

- Vacation
- Medical (Please include physician's note)
- Other: _____

Please list teacher and subject for each class to be missed:

Teacher: _____	Subject: _____
Teacher: _____	Subject: _____
Teacher: _____	Subject: _____
Teacher: _____	Subject: _____
Teacher: _____	Subject: _____
Teacher: _____	Subject: _____
Teacher: _____	Subject: _____

All assigned work must be completed and turned in to the ACADEMY OFFICE immediately upon scholar return, unless otherwise approved. Scholars will not receive credit for work not submitted and will be unable to make up those assignments. Scholars will also be marked absent to the classes for which independent study assignments were not completed.

Objectives: The scholar will complete the courses/ assignments listed in this packet. All course objectives will be consistent with the established John Adams Academy board policy and are consistent with charter school standards, as outlined in the charter school's subject/course descriptions. The **Assignment Sheet** will include descriptions of the lessons and activities for each course of study covered by this agreement.

Signatures and Dates:

I have read and I understand the terms of this agreement, and agree to all provisions set forth.

Scholar: _____ Date: _____

Parent/Guardian/Caregiver: _____ Date: _____

Teacher: _____ Date: _____

For office use only

Administrator Signature: _____ Date: _____

- Approved
- Denied

If requested period is less than three days, must be signed by Headmaster

To be completed by the teacher ONLY:

Teacher _____ Subject _____

Assignment(s):

For Office Staff Completion (after work has been turned in)

Independent Study Assignments Completed: Yes: _____ If not, complete next line.

Number days of credit earned for this class: _____

Signature of Reviewing Staff Member: _____ Date: _____