

**PLEASANTON UNIFIED SCHOOL DISTRICT**  
Short-Term Independent Study Absence Contract (K-12)

Must notify school administration at least ten (10) school days prior to pre-planned absence

Student's Name	Student ID#	Grade	School
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This contract helps students to stay current with their class work during the course of a pre-planned absence from school. The time value of school work assigned and evaluated by teachers may be credited for lost funding. Independent Study is voluntary. All assignments are consistent with the student's course of study and Board approved objectives.

Contract Dates for Absence: From _____ Through _____ Total School Days _____ (May not exceed 20 School Days)
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STUDENT DIRECTIONS: (1) Obtain assignment(s) for each class/subject. (2) Sign your name below. (3) Take home and get parent signature. (4) Return completed contract to attendance office before start of absence. (5) Do your assignments during your absence. (6) Bring your finished assignments to the attendance office on your first day back so that file copies can be made. (7) Submit your completed work to your teachers, get their signatures, and then return the signed form back to the attendance office.

**AGREEMENT**

AS STUDENT, I will take time to do my best work and to keep learning. I will not lose papers. I will finish all the work necessary to complete my contract and turn it in to the attendance office on my first day back to school.

Student's Signature	Date
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AS PARENT, I realize that absence from the classroom may have a negative impact on my child's grade for that class, since it is impossible to "make up" class discussions, lectures, audio-visual presentation, laboratory demonstrations, guest speakers, and other one-time-only events in the educational process. However, I agree to minimize the detrimental effect of absence by having my child complete assignments listed on this form and submit upon return to school. I am aware that failure to do so may result in academic regression. I realize my child may have additional work to complete upon his/her return to school and that I have read, understand and agree to the **"Independent Study Contract Request and Procedures."**

Parent's Signature	Date
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An administrator's signature on the vacation absence form does NOT constitute approval by the school for the absence, but simply confirms proper notification of the reason for this possible excused absence. Absences may not exceed 20 school days. Additional days of absence, will be marked according to our District Attendance Policy, and may result in referrals to a School Attendance Review Team (SART) meeting, or School Attendance Review Board (SARB meeting).

Administrator's Signature	Date
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**ASSIGNMENTS**

BEFORE LEAVING	UPON RETURNING
Class/Subject _____ Assignments: _____  Teacher's Signature _____ Date _____	Assignments have been turned in, evaluated by me and are equivalent in time value to full-time school work. If less than full-time equivalent, specify % of full-time _____.  Teacher's Signature _____ Date _____ How evaluate? (Circle all methods used) Graded papers Oral Observation Other: _____
Class/Subject _____ Assignments: _____  Teacher's Signature _____ Date _____	Assignments have been turned in, evaluated by me and are equivalent in time value to full-time school work. If less than full-time equivalent, specify % of full-time _____.  Teacher's Signature _____ Date _____ How evaluate? (Circle all methods used) Graded papers Oral Observation Other: _____
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For Office Use Only: Verification of Completion of the Independent Study Absence Contract

(This contract must be retained for 3 years)

Representative Work Samples Attached (check)      Note: Minimum days are rounded off to whole ADA days.

As per the teacher(s), the above named student has completed \_\_\_\_\_ equivalent apportionment days while away from school for \_\_\_\_\_ calendar days. Student's in special education qualify for independent study only if included in the IEP (Individual Education Plan).

Administrator's/Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_