



APPLICATION FOR INDEPENDENT STUDY

Antelope Valley High School: avhs-is@avhds.org
 Eastside High School: ehs-is@avhds.org
 Highland High School: hhs-is@avhds.org

Knight High School: khs-is@avhds.org
 Lancaster High School: lnhs-is@avhds.org
 Littlerock High School: lhs-is@avhds.org

STUDENT INFORMATION

STUDENT NAME: _____			DATE: _____
LAST	FIRST	MIDDLE	
STUDENT ID #:	GRADE:	CURRENT SCHOOL:	
NAME OF PARENT/GUARDIAN/ED RIGHTS:			
MAIN PHONE: _____		ALTERNATIVE PHONE: _____	

Requested IS Site	Check all that apply	Other Considerations	Proposed Classes: COUNSELOR USE ONLY
<input type="checkbox"/> Antelope Valley HS <input type="checkbox"/> Eastside HS <input type="checkbox"/> Highland HS <input type="checkbox"/> Knight HS <input type="checkbox"/> Lancaster HS <input type="checkbox"/> Littlerock HS	<input type="checkbox"/> A-G" <input type="checkbox"/> 504 <input type="checkbox"/> NCAA <input type="checkbox"/> Foster <input type="checkbox"/> IEP <input type="checkbox"/> Probation <input type="checkbox"/> 5th Year <input type="checkbox"/> EL <input type="checkbox"/> Early Grad Credits _____	<input type="checkbox"/> Foster (AB167/216) <input type="checkbox"/> Migant/New Immigrant AB 2121 <input type="checkbox"/> Homeless (AB1806) <input type="checkbox"/> Military(AB365) <input type="checkbox"/> Juvenile Court Student (AB2306)	Contact counselor for additional classes 1. _____ 2. _____ 3. _____ 4. _____ <u>On-Campus classes (if applicable)</u> 1. _____ 2. _____ _____ (School counselor contact information)
<p>*NOTE: I am agreeing that I have been advised regarding other appropriate educational options. In lieu of these programs, I have freely chosen to enroll in the District's Independent Study Program.</p> <p>Parent Initial: _____</p>			

NOTES (Attachments included, special considerations, preferred name, non-grad. cont., etc)

AUTHORIZATION FOR RELEASE OF RECORDS, CONSULTATION & CHANGE OF PLACEMENT

I _____, the legal parent/guardian/edrights holder of the above student, authorize
 (Please Print Parent/Guardian/ED Rights Full Name) release of transcripts, confidential medical, psychological, educational evaluation, or expulsion records to the AVUHSD. I authorize AVUHSD to consult with staff at my child's previous school in order to facilitate my child's change of placement.

Parent/Guardian/ED Rights Signature: _____ Student Signature: _____

Counselor Signature: _____ Admin Signature: _____

Must attach current graduation check and transcript