## Independence School K-8 Master Agreement Term 2

Student Name:			A	Age: Gra	ide:
Address:	Last	First	City:	Zip Cod	e:
Phone:			•		
Home		Work		Emergenc	y
Duration: <b>TERM 2</b>	Beginning Date:	01/04/2021	Ending Date:	06/10/2021	
Objectives Methods of	f Study Mathods of F	valuation and l	Pasaureas: The student	will complete the co	ourses listed below during
	outlined in the Lodi Unuidelines. The specific his agreement will be o	nified School Di objectives, meth	strict course description nods of study, methods	s. All course object of evaluation, and res	ives will be consistent wit sources for each
Students need to spend a earn full credits per sem					ttendance if they expect to
Subject			•	ıbject	
Additional Classes: If t	ha student satisfactory	completes the al	ova subject/courses bet	fore the ending date of	of the agreement, one or
more subjects/courses m		eement if the agr			her and the student.
	•	-	IVI I VV	THE TOTAL CHEEN	z one)
Γime: Place	of Reporting: Independ	dence School	Frequency: Bi-W	/eekly	
Manner: Small group an	d one-on-one. Superv	isory Teacher _		Phone #	
	ent is due is <u>four week</u> nents or <u>three</u> missed o	s unless a prior or substandard as	exception is made in acc signments for this agree	cordance with district ement, the student wi	
Voluntary Statement: choose independent stud					ect. All students who
Equitable Provision of to classroom instruction, students in the regular so	and students who choo				tlent in quality and quantity ats and privileges with
Parent/Guardian Agreem	nent				
•	ecept all of the foregoing	g agreements m	ade by this student.		
			y with all of the condition	ons set forth within.	
	01/	04/2021		(	01/04/2021
Student Signature			rent/Guardian Signature	<u>-</u> -	01/04/2021
Supervising Teacher	31/		er (if applicable)		<del></del>