

Agoura High School Pre-approval for Independent Study

This must be turned into the attendance office a minimum of 2 weeks prior to the absence, if not an independent study will automatically be denied.

To qualify for an independent study you must be absent between 5-10 school days

Advance written request by the parent/guardian and approval of the principal or designee shall be required for absences for: (Education Code 48205) 1. appearance in court, 2. attendance at a funeral service for a non-immediate family member, 3. observation of a holiday or ceremony of his/her religion, 4. attendance at religious retreats for no more than four hours during a semester, 5. employment interview or conference, 6. a pupil, as the custodial parent of a child, when the child is ill or has a medical appointment during school hours, (Education Code 48205) 7. family necessity of less than 5 school days provided the pupil makes up all work missed during the absence. If the independent study is approved it is the student's responsibility to communicate with their teachers and receive their work prior to the start of absence. **Please attach any relevant documentation that is related to the absence (doctor's note, plane tickets, conference attendance form, tournament information, etc.)**

Student name _____ **ID#** _____

Dates of Absence: From _____ **through** _____ **Total days absence** _____

Reasons for absence (please be specific):

Reasons why absence cannot be taken during non-school days:

Agreement

I understand that absence from the classroom may have a negative impact on a student's progress for that class, since it is impossible to "make-up" class discussions, lectures, audio-visual presentations, laboratory demonstrations, guest speakers, and other one-time-only events in the educational process. Independent study contracts are approved case by case and will only be approved if the reasoning is one described above.

Student: I agree to complete all work provided to me by my teachers for the period of my absence to the best of my ability. I understand that I may have additional work to complete upon my return to school. I will complete this work and turn it in to my teachers within the agreed upon time frame. I am aware that failure to do so may result in academic regression.

Parent: I agree to minimize the detrimental effect of absence by having my child complete assignments given to him/her by his/her teacher. 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.

Student's signature _____ Date: _____ Parent's signature _____ Date: _____

Principal's signature _____ Date: _____

Decision (circle one): Approved Denied

Principal Notes/Remarks: