

Master Agreement for Short-Term Independent Study (STIS)

Travis Unified School District

Grades TK - 12

Student Name:		Student ID#	Grade
Residence Address		City	Zip
Parent/Guardian:		Phone #	School:
Date entering STIS:	Date exiting STIS:	Number of school days requesting STIS:	Has student accessed STIS previously during this school year? ___ YES ___ NO

School Responsibilities:

- Enable the student to keep current with grades and coursework for the period covered by this agreement.
- The student will be given assignment sheet(s) with assigned work for student to complete during the course of this agreement
- All course work will be consistent with the Travis School District adopted curriculum.

Student Responsibilities:

- Independent Study is a form of education that I have voluntarily chosen, and I will always have a classroom option available.
- I have the same rights and opportunities as do other students in my grade.
- I agree to complete my assigned work by the date given as described in my assignment sheet.

Parent/Guardian Responsibilities:

- I understand that Short-Term Independent Study is a voluntary educational alternative that I have selected for my student.
- I am responsible for supervising my student while my student is completing the assigned work.
- I am liable for the cost of replacement or repair for willfully damaged books and other school property checked out to my student.

Agreement:

- We understand that Short-Term Independent Study is an optional educational alternative to the classroom when a student is gone 3 to 15 days. A student may not access STIS in excess of 15 days for a school year.
- All assignments are given in advance by the teacher(s) and are to be turned in upon returning to school.
- Failure to turn in all or part of the assigned work will count toward truancy limits, may result in a truancy letter, and may have an adverse effect on my grades.
- We have read the terms of this agreement and hereby agree to all the conditions, including those in the assignments.

Student Signature Date

Parent / Guardian Signature Date

Administrator Signature Date

Teacher Name: (Elementary only)

To be completed by school staff upon student's return

- Method of Evaluation: Assignments attempted/completed: ___ Yes ___ No
- School Site will keep this document, copy of assignment sheets, and work samples for 3 years (required)

Dates										
	Mon	Tue	Wed	Thurs	Fri	Mon	Tue	Wed	Thurs	Fri
ADA Credit										

Notes from administrator:

Dates					
	Mon	Tue	Wed	Thurs	Fri
ADA Credit					