SHORT-TERM INDEPENDENT STUDY REQUEST

Short-Term Independent Study Policies

Please submit this form to request short-term (max: 15 days, min: 4 days) independent study. Requests must be submitted at least ten (10) days prior to the absence.

Student Full Name: _____ Student ID#: _____

Student Age: _____ Date of Birth: _____

Parent Name: _____ Parent Email: _____

Additional Information you would like to provide regarding your request:

School Site	Grade Level	Additional Information
☐ Jefferson School	☐ TK ☐ 4th	☐ Student has a 504 Plan
☐ Tom Hawkins School	☐ K ☐ 5th	☐ Student has an IEP
☐ Monticello School	☐ 1st ☐ 6th	☐ Student is an EL Student
☐ Anthony Traina School	☐ 2nd ☐ 7th	☐ None of the above apply
☐ Corral Hollow School	☐ 3rd ☐ 8th	

Reason for Independent Study Request:

- ☐ Family Emergency – Non-Local
- ☐ Family Emergency - Local
- ☐ Personal/Social Student Needs
- ☐ Health or Medical Related
- ☐ Vacation Travel

First day of Independent Study: _____

Last day of Independent Study: _____

Date student returning to school: _____

- ☐ I understand all independent study work is due on the day the student returns to school.
- ☐ I understand if a student does not return on the day they are scheduled to return, absences past the return date will be unexcused and the student will be ineligible for future independent study contracts. Student may lose their place in their assigned school/courses if they do not return as scheduled.
- ☐ I understand students/caregivers should reach out to their assigned teachers if they have any questions regarding assignments.
- ☐ I understand after submitting this form the school site will reach out to let you know if the request has been approved. Upon approval, parents/guardians and the student must sign the Independent Study Master Agreement. Independent Study Master Agreements must be signed/approved prior to the beginning of Independent Study.

_____ _____

Student Signature Date

_____ _____

Parent/Guardian Signature Date

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SUBJECT	TEACHER	INITIAL	ADA CREDIT
P.E.			
HISTORY			
SCIENCE			
READING			
L.A.			
MATH			

☐ **APPROVED** ☐ **DENIED**

- ☐ Minimum 4 days requirement not met
- ☐ Maximum 15 days requirement exceeded
- ☐ Office/Administrator not notified 10 school days prior to absence
- ☐ Student grades below standard grade level
- ☐ Student referred to SART/SARB, not eligible
- ☐ Exceeds 6 requests from grades K-12
- ☐ Incomplete prior Independent-study plans
- ☐ Falls within first 20 days of school year (Not subject to Appeal)
- ☐ Falls within last 20 days of school year (Not subject to Appeal)

_____ _____
Name Date

_____
Signature

Appeal Section Only

Appeals must be submitted within five (5) school days from date denial was received.

Student Full Name: _____ Student ID#: _____

Parent/Guardian Name: _____ Date: _____

Appeal requested for the following reasons:

_____ _____
Student Signature Date

_____ _____
Parent/Guardian Signature Date

JEFFERSON ELEMENTARY SCHOOL DISTRICT

☐ APPEAL APPROVED ☐ APPEAL DENIED

Reason: _____

_____

_____ _____ _____
Superintendent Signature Superintendent Name Date

1219 Whispering Wind Drive, Tracy, CA 95377 (209) 836-3388