San Pasqual
- Union School District -

2026-2027 APPLICATION AND MASTER AGREEMENT FOR INDEPENDENT STUDY CONTRACT

(Must be completed prior to absences, an exception may be made for medical reasons)

Student's Name		Student No.		Date of Birth		Grade		School Pasqual Union

Parent/Guardian Name		Home Phone		Work Phone	

Parent/Guardian Signature: _____

1. State Reason for Independent Study: _____ HR Teacher: _____
2. State period of time for contract: From: _____ To: _____ Total Number of Days: _____ Month: _____
3. Work must be returned by: Due date: _____ Total Number of days credited: _____
4. **I acknowledge that the absences will be excused only if the work stated in part 5 of this contract is submitted to all teachers by the due date.**
5. **WAS WORK RETURNED BY THE DUE DATE? (please circle) YES NO**

PERIOD	SUBJECT	TEACHER'S INITIALS	ASSIGNMENTS	METHOD OF EVALUATION	DATE EVALUATED	TEACHER VERIFICATION

INDEPENDENT STUDY IS AN OPTIONAL EDUCATIONAL ALTERNATIVE IN WHICH NO STUDENT MAY BE REQUIRED TO PARTICIPATE

Teacher Signature: _____ Principal/Designee Signature: _____

Date of Evaluation: _____

ADA Given: _____