



# SHORT-TERM INDEPENDENT STUDY REQUEST

## Short-Term Independent Study Policies

**Please submit this form to request short-term (max: 14 days, min: 5 days) independent study. Requests must be submitted at least ten (10) school 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
<input type="checkbox"/> Jefferson School	<input type="checkbox"/> TK	<input type="checkbox"/> Student has a 504 Plan
<input type="checkbox"/> Tom Hawkins School	<input type="checkbox"/> K	<input type="checkbox"/> Student has an IEP
<input type="checkbox"/> Monticello School	<input type="checkbox"/> 1st	<input type="checkbox"/> Student is an EL Student
<input type="checkbox"/> Anthony Traina School	<input type="checkbox"/> 2nd	<input type="checkbox"/> None of the above apply
<input type="checkbox"/> Corral Hollow School	<input type="checkbox"/> 3rd	
	<input type="checkbox"/> 4th	
	<input type="checkbox"/> 5th	
	<input type="checkbox"/> 6th	
	<input type="checkbox"/> 7th	
	<input type="checkbox"/> 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 5 days requirement not met



Maximum 14 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 ten (10) 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