**Independent Study Contract Parent/Guardian Check List**

* + I understand that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, must complete all of the assignments provided for him/her.
	+ I understand that my child will miss critical instructional time in the classroom that cannot be replicated in an Independent Study Contract.
	+ **I understand all work is due the date my child is scheduled to return to class**, which is indicated on the front of the Independent Study Contract. I understand all work must be submitted that day regardless if my child attends school that day.
	+ I understand this is a commitment on my part to ensure the contract is completed.
	+ I understand that the failure to complete the contract may impact my child’s grade and may result in referral to the School District’s Student Attendance Review Board (SARB).
	+ I have read and understand the terms of the Independent Study Contract.

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 Parent/Guardian signature Date

All independent study assignments are due on

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