



A C A D E M Y

Restoring America's Heritage by Developing Servant Leaders

REQUEST FOR INDEPENDENT STUDY

Elementary (TK - 6th Grade)

Independent Study can be requested for absences of three (3) consecutive days or more. Independent Study Requests must be completed and turned in to the OFFICE at least FIVE school days before the Independent Study begins. (Request for fewer than three days require Headmaster approval)

Once approved, this request will become an Independent Study Contract.

Scholar Name: _____ Grade: _____

Teacher: _____

Scholar to be absent from: ___/___/___ (1st day out of class) to ___/___/___ (last day out of class).
DATE DATE

Total number of School Days to be missed: _____

Reason for Independent Study:

- Vacation
- Medical (Please include physician's note)
- Other: _____

All assigned work must be completed and turned in to the ACADEMY OFFICE immediately upon scholar return, unless otherwise approved. Scholars will not receive credit for work not submitted and will be unable to make up those assignments. Scholars will also be marked absent to the classes for which independent study assignments were not completed.

Objectives: The scholar will complete the courses/assignments listed in this packet. All course objectives will be consistent with the established John Adams Academy board policy and are consistent with charter school standards, as outlined in the charter school's subject/course descriptions. The **Assignment Sheet** will include descriptions of the lessons and activities for each course of study covered by this agreement.

Signatures and Dates:

I have read and I understand the terms of this agreement, and agree to all provisions set forth.

Scholar: _____ Date: _____

Parent/Guardian: _____ Date: _____

Teacher: _____ Date: _____

For office use only

Approved **Denied**

Administrator Signature _____

If requested period is less than 3 days, must be signed by Headmaster



ACADEMY

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For Teacher Use ONLY

Scholar: _____ Grade: _____ Teacher: _____

SCHOLAR ASSIGNMENTS

Teachers, please include a brief summary of the assignment, the resources to be used to complete the assignment, and the method of evaluation of the assignment.

Language Arts	
Social Studies	
Mathematics	
Science	
Other	

For Office Staff Completion (after work has been turned in)

Independent Study Assignments Completed: Yes _____ if not, complete the next line.

Number Days of Credit Earned: _____

Signature of Reviewing Staff Member _____ Date: _____