

Creekside Charter Management
PO Box 2891; 1916 Chamonix Place
Olympic Valley, CA 96141



STUDENT INDEPENDENT STUDY FORM
Form must be completed 10 school days prior to travel

_____ will engage in Independent Study

For the following school days: _____

Returning to the classroom on: _____

Internet Access: Yes No

Independent Study Work:

We request that the teacher provide Independent Study work

We will provide our child with Independent Study work in alignment with the activities and standards being covered as stated in the Student Assignment and Work Record (AWR) for this learning record.

I understand that all Independent Study work completed by the student is due on the day my child returns to the classroom as evidence of academic engagement on Independent Study days. My student will then receive attendance credit for the Independent Study days.

Date

Parent/Guardian Signature

Student: I promise to complete and return all Independent study work demonstrating my academic engagement on the days I am not in class so that I can earn attendance credit.

Date

Student Signature