



Agreement: We have read through all pages (1-4) of this agreement and hereby agree to all the conditions set forth within.

Signatures: \_\_\_\_\_  
Student Parent/Guardian

\_\_\_\_\_ \_\_\_\_\_  
Date Program Administrator Teacher

Duration: \_\_\_\_\_ \_\_\_\_\_  
start date end date

**Student and teacher agree to meet according to the following schedule:**

**Day:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**INDEPENDENT STUDY PROGRAM  
SANTA ROSA CITY SCHOOLS DISTRICT  
PARENT/GUARDIAN MASTER AGREEMENT  
FALL SEMESTER –**

As Parent/Guardian of: \_\_\_\_\_, I understand that:

- o The major objective of Independent Study is to provide a voluntary educational alternative for my student for the duration of one semester.
- o Individual course objectives are consistent with, and evaluated in the same manner that they would be if my student were enrolled in a traditional school program. The student may add or drop courses as necessary during the semester.
- o It is my responsibility to ensure that my student participates in all state and local testing. You will be notified of times, dates, and any requirements for your student's participation.
- o I am liable for the cost of replacement, or repair of damaged or lost books and other materials that are checked out to my student.
- o Unless otherwise indicated, a teacher or supervisor will meet with my student on a regular basis to direct and measure progress. The teacher or the supervisor in consultation with my student will determine the time and location of meetings.
- o It is my responsibility to provide transportation to the school site for my student. In order for my student to complete high school consistent with the traditional high school, I need to encourage my student to do more than the minimum study requirements. I have the right to appeal any decision about my student's placement, school program or transfer according to the Independent Study Program's procedures.
- o I am responsible for providing supervision of my student during normal school hours, 8:00 a.m. – 3:00 p.m., that my student is to remain home during these hours, and that schoolwork is to be completed at home.
- o My student may not be employed 8:00 a.m. – 3:00 p.m., Monday through Friday.
- o My student is not allowed to visit the campus of another school during normal school hours without the permission of that school's administration.

I also understand and agree to the conditions listed on the "Student" Master Agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INDEPENDENT STUDY PROGRAM  
SANTA ROSA CITY SCHOOLS DISTRICT  
STUDENT MASTER AGREEMENT  
FALL SEMESTER –**

I, \_\_\_\_\_ (student), understand that:

- o Independent Study is an education alternative that I have voluntarily selected for the duration of one semester. The Independent Study Program does not provide all courses necessary for completion of graduation requirements through Santa Rosa City Schools District. By enrolling in this Program, I have not waived any rights as a student, and I am entitled to all services and resources provided by Santa Rosa City Schools.
- o If I am a student with an Individualized Education Plan (I.E.P.), my I.E.P. must specifically provide for my enrollment in Independent Study and Services.
- o Failure to follow the discipline and behavior guidelines established by this District may result in dismissal from the Independent Study Program.
- o I will not be allowed to visit the campus of another school during normal school hours without the permission of that school's administration.

I agree to:

- o Be supervised by an Independent Study Teacher or other approved resource personnel.
- o Meet regularly with the assigned Independent Study teacher or supervisor. The frequency, date, time and location will be determined by my work assignments.
- o Participate in all state and local testing. It is my responsibility to arrive on time and complete all required testing.
- o To promptly reschedule any appointment missed due to an emergency and that failure to report to an appointment and/or failure to submit evidence of completed assignments can result in one or more of the following:
  - 1. A letter of concern to student and parent
  - 2. A scheduled teacher/parent/student appointment
  - 3. A special meeting with the teacher, counselor or principal
  - 4. An increased number of hours that the student must be in the Independent Study Center
  - 5. Revocation of a work permit until school productivity is considered satisfactory by the teacher
  - 6. Termination of the agreement and placement into another educational program
- o Be responsible for my own transportation and understand that lack of transportation is not an acceptable reason for failing to meet during the assigned time.
- o Remain home during normal school hours (8:00 a.m. – 3:00 p.m.) under the supervision of parent/guardian and complete my assigned work at home and achieve at least the minimum performance requirements of the course of study.

I understand that credit, which is based on mastery of learning, can only be issued after I have successfully completed an activity, and it has been evaluated. I realize that a minimum of 15 hours of work is needed for each unit of credit unless otherwise contracted with the teacher.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_