LIVE OAK CHARTER SCHOOL

**Independent Study Agreement 2021-22**

When a student must miss school because of family obligations, family travel opportunities or quarantining and the student is in good health, the teacher can provide assignments to guide learning while the student is absent from class. We encourage families to schedule trips during school vacations so students will not miss important lessons and shared experiences with their class during their absence. Because Independent Study is connected to attendance, it is essential for both families and teachers to keep accurate records and follow the guideline below. Thank you for supporting your child’s education and our school.

**Forms needed:**

* Independent Study (I.S.) **Agreement Form** is available at the office or online at [www.liveoakcharter.org](http://www.liveoakcharter.org)
* Independent Study (I.S.) **Assignment Grid** will be provided by your teacher.

**Independent Study Process:**

* 1. Obtain an Independent Study Agreement form

* 1. Parent & student SIGN the I.S. Agreement and return it to the office three (3) or more school days before the start of the Independent Study
  2. Receive the I.S. Assignment Grid and work from your teacher before the start of absence
  3. Your child returns the completed Independent Study work to the teacher within 3 days after the absence

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Grade**\_\_\_\_\_\_\_

Dates of Absence(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of school days on IS \_\_\_\_\_\_\_\_\_\_\_\_

**I agree to ensure that my child will complete work as assigned by the teacher(s).**

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_

Teacher Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_