



## Independent Study Request Form

**Directions:** Please fill out the information below. All IS requests must be submitted in writing (via this form). Please fill one form out for each student that will be on IS.

Please note that all IS work is due the day the student returns to school. Any incomplete or missing work will result in unexcused absences for your student.

Name of Student: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Start Date of IS:	End Date of IS:	Total Number of Days for IS:

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For office use only.

### INDEPENDENT STUDY DUE DATE

\_\_\_\_\_

\_\_\_ Independent Study Approved

\_\_\_ Independent Study Not Approved

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Independent Study Completed

\_\_\_ Independent Study Not Completed

Homeroom Teacher Signature: \_\_\_\_\_