

**PINER-OLIVET UNION SCHOOL DISTRICT**  
**NWP MASTER AGREEMENT FOR SHORT TERM INDEPENDENT STUDY**

<b>Name:</b>		<b>Grade:</b>	<b>Birth Date:</b>
<b>Address:</b>		<b>ZIP Code:</b>	<b>Phone:</b>
<b>Duration (not to exceed 4 weeks POUSD BP #6158):</b>	<b>Ending Date:</b>	<b>Telephone Number:</b>	
<b>Reason for Independent Study Request:</b>			

**School Responsibilities:**

- The major objective for the duration of this agreement is to enable the child to keep current with \_\_\_ grade studies for the period covered by this agreement. Students may make an agreement for between 1 day - 4weeks of work for each contract.
- This agreement is to enable the child to successfully reach the objectives and complete the assignments identified in the *Independent Study Assignment Sheet(s)* that will be a part of this agreement. With the support of the parent, guardian, or caregiver, the child will submit assignments on or before the due date specified in the *Independent Study Assignment Sheet(s)*.
- The Piner-Olivet Union School District will provide the instructional materials and other necessary items and resources as specified for each assignment.
- The child will complete, during the term of this agreement, the course work listed below. All course work will be consistent with the Piner-Olivet Union School District adopted curriculum. The *Independent Study Assignment Sheet(s)* include the course descriptions, objectives, study methods, evaluation methods, and resources covered by this agreement.
- Independent Study is a voluntary optional alternative in which no pupil may be required to participate; a classroom option will always be available to the child.
- The child's work will be evaluated by the method specified in the *Independent Study Assignment Sheet(s)*.

**Student Responsibilities:**

*I understand that :*

- Independent Study is a form of education that I have voluntarily chosen.
- I am entitled to textbooks and supplies.
- I have the same rights as other students in my grade at my current school.
- If I do not complete assignments given, my incomplete work will result in an evaluation to determine how much credit I will receive for the work completed.

*I agree to :*

- Complete my assigned work by its due date, as explained by my teacher or teachers and described in my written assignments. **Turn in assignments to my teacher(s) upon the first day I return to school.**

**Parent/Guardian/Caregiver Responsibilities:**

*I understand that Independent Study is an optional educational alternative for my child that I have voluntarily selected. I*

*agree to the conditions listed under "Student." I also understand that:*

- Learning objectives are consistent with and evaluated in the same manner that they would be if my child were physically attending school during the period of Independent Study.
- I am responsible for supervising my child while he or she is completing the assigned work and for ensuring the submission of all completed assignments necessary for evaluation by dates due.
- I am liable for the cost of replacement or repair for willfully damaged books and other school property checked out to my child.

**AGREEMENT:**

***We have read this agreement, including the Independent Study Assignment Sheet(s) and hereby agree to all the conditions set forth within***

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian/Caregiver: \_\_\_\_\_

Date: \_\_\_\_\_

Principal: \_\_\_\_\_

Date: \_\_\_\_\_