

Rocklin Unified School District

School: _____

Independent Study Contract Extension Request

Date: _____

To Whom It May Concern:

I am requesting an Independent Study Contract for my child _____,
(Student's Name)

in the _____ grade.

I am aware of the limitations on student's Independent Study days (K to 3rd – 5 days, 4th to 8th – 10 days, 9th to 12th – 15 days); with knowledge of these guidelines, I hereby request my child be allowed to be on an Independent Study Contract

for _____ days, beginning on _____ and ending on _____
(Total number of days) (Date) (Date)

for the following reason:

Sincerely,

(Parent/Guardian Name)

Email Address

Telephone

Reviewed: _____
Principal or Designee

Approved: _____
Deputy Superintendent
or Designee