

Temporary Independent Study Request

Temporary I.S. is an alternate plan for live instruction and is limited to 14 school days or less in a single academic year

Student Name:	Teacher Name:
Today's Date (2 weeks notification required <u>unless</u> medical/family emergency): _____	
List the dates the student will be participating in temporary I.S. (Per EC Section 46300(e)(1) A minimum of three (3) consecutive school days is required to qualify for temporary I.S. The 3 school days must not include holidays): _____ to _____.	
Is this a medical or family emergency? (if yes, doctors note is required) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parent Name:	Phone Number:

Office Use Only

* If this is a medical or family emergency, the student can receive generic grade level assignments for up to one week (5 days), allowing the teacher enough time to gather the remaining assignments for any subsequent time after the 5 days.

Approved - Parent will be contacted by the Independent Study Program to fill out enrollment forms one week prior to the date the student will be on temporary I.S.

Denied - Lack of notification, 2 weeks minimum required.

Temporary IS Teacher OR IS Director Approval:

Signature: _____ Date: _____

Turn form into the Independent Study Program - Walnut Campus
Or by email to ktejeda@vlcs.org



VALLEY LIFE CHARTER SCHOOLS
Developing Community Leaders

Temporary Independent Study Request
(Office Hours are Monday-Thursday 8:00am-3:00pm)