

VANDEN HIGH SCHOOL

Short Term Independent Study Application

Student's Name: _____ Student ID# _____

Grade: _____ Date of Birth: _____ Age: _____

Name of Parent/ Guardian: _____

Address: _____

Parent Phone Numbers: Home _____ Work _____ Cell _____

Student's cell number: _____

Date Leaving: _____ Date Returning: _____

Reason for STIS leave: _____

I understand that Short Term Independent Study is a way for me to maintain my grades in class provided that I do all of my work assigned to me by my teachers. I understand that my work is due on the date **of return indicated above**. I will turn in my work to the Student Support Center **before** school starts on that date. I understand that failure to turn in the assigned work will result in unexcused absences that may lead to a truancy letter being issued. Also, failure to turn in completed work will negatively affect my grades.

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To be completed by office staff:

Number of periods of unexcused absences: _____

GPA on most recent grading period: _____

Total number of previous STIS days this school year: _____

Has this student failed to complete work from a previous STIS? YES NO

To be completed by Administrator :

_____ Approved

Administrator's Signature

_____ Denied

Reason Application is denied

Date of parent contact