



# GOLDEN WEST MIDDLE SCHOOL



Short Term Independent Study Master Agreement  
For Students with Unavoidable Absences from 5-15 days

**School Responsibilities:**

- ◆ The major objective of this agreement is to enable the student to keep current with his/her grade coursework for the period covered by this agreement.
- ◆ The student will be given all the required assignments in binder form to be completed during the course of the agreement.
- ◆ All course work will be consistent with the Travis School District adopted curriculum per your student's grade level.

**Student Responsibilities:**

- ◆ Independent Study is a form of education that I have voluntarily chosen and I will always have a classroom option available. I have the same rights and opportunities as other students in my grade.
- ◆ I agree to complete my assigned work by the date given on this contract.
- ◆ I agree to meet with the STISC Teacher before leaving, collect all my STISC work from each teacher myself before I leave and have it completed to be turned into the main office of GWMS on the date I return to school before 1st period begins.

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

**Parent/Guardian Responsibilities:**

- ◆ I understand that Short-Term Independent Study is a voluntary educational alternative that I have selected for my student.
- ◆ I am responsible for supervising my student while he/she is completing the assigned work.
- ◆ I am liable for the cost of replacement or repair for any damaged books and/or other school property checked out to my student.

Name of Student: \_\_\_\_\_ Student ID #: \_\_\_\_\_ Grade: 7th OR 8th

Parent/Guardian Name: \_\_\_\_\_ Best Contact Ph. #: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Reason for STISC (brief description; where you are going and why?):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Start Date (1st day off): \_\_\_\_/\_\_\_\_/\_\_\_\_ ~ End Date (1st back at school): \_\_\_\_/\_\_\_\_/\_\_\_\_ ~ Total School Days Out: \_\_\_\_\_

I understand that this Agreement is not approved until I receive notification from Golden West's STIS Teacher. And the dates cannot be changed unless done so in writing 5 days prior to "Start Date". There are NO EXCPETIONS.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STOP**

*\*The below is to be completed by School staff only\**

**STOP**

Number of Periods of Unexcused Absence: \_\_\_\_\_ Current GPA: \_\_\_\_\_ #F's: \_\_\_\_\_

Has student failed a previous STISCs this year? Yes No

Has student failed to complete work from previous STISC's? Yes No

Have there been two STISC contracts issued this year? Yes No

Application is: \_\_\_\_\_ Approved \_\_\_\_\_ Denied ~ Reasoning?: \_\_\_\_\_

Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

IS Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Staff Initials and Date of the above Info Comp'd on: \_\_\_\_\_ Date: \_\_\_\_\_