



Harvest Ridge

Cooperative Charter School

INDEPENDENT STUDY NOTIFICATION FORM

My child _____ will be on Independent Study for the following dates: _____. My child will need assignments for a total of _____ days.

I would like to request Independent Study assignments for each school day listed above. I understand that all school work assigned is to be completed to the best of my child's ability and returned to school on the day the student returns to class in order for the student to receive attendance credit for the days out of class.

Please complete a separate form for each child and give to your child's teacher. Please allow at least five days prior to leaving to allow your child's teacher time to prepare the assignments.

Parent Signature _____