



**ATTENDANCE OFFICE**

*This form is for absences of 20 days or less. For absences of 21 days or more, contact BUSD Director of Student Services.*

Student Name \_\_\_\_\_

ID \_\_\_\_\_ Grade \_\_\_\_\_ Small School or Program at BHS \_\_\_\_\_ M.I. \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Phone \_\_\_\_\_ and/or Parent Email \_\_\_\_\_

**Parent/Guardian Statement:** I plan to remove my child from Berkeley High School from  
\_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ for the following reason *(please write in space below):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Your planned absence from school will be excused if all the following steps are completed:*

**BEFORE YOU GO:**

- Fill out this page with your information and a short explanation for the planned absence.
- On the second page, get signatures from parent/guardian and your counselor. You sign, too.
- Have all your teachers complete and sign the third page. *Note: you must have homework assigned in every subject. If not all teachers complete, this form can not be used.*
- Give all three pages to the dean of attendance at least five days before your planned absence.

**DURING YOUR ABSENCE:**

- Complete all homework that was assigned to you.

**WHEN YOU RETURN TO BHS:**

- Turn in all homework to your teachers.
- Remind teachers that you will need the homework once they've finished grading it. Ask them to write a grade on the assignment itself.
- After teachers have graded your homework, collect and bring all to dean of attendance. *Photocopies are okay, if you need to keep the originals.*

**For office use only:**

Approved / denied      date 'INC' entered: \_\_\_\_\_ date 'COM' entered: \_\_\_\_\_

**BERKELEY UNIFIED SCHOOL DISTRICT  
INDEPENDENT STUDY MASTER AGREEMENT**

Student name:	Student #:	Grade level:
Address:	Age:	Birth date:
City:	Zip code:	Phone #: 2 <sup>nd</sup> Phone #
School of enrollment/program placement: <b>Berkeley High School</b>		
Duration of agreement: Semester   School year:	Beginning date:	Ending date:

**Objectives, Methods of Study, Methods of Evaluation, and Resources:** The student is to complete the courses listed below. All course objectives will reflect the established district governing board and are consistent with district standard as outlined in the district subject/course descriptions. The Attached Forms will include additional descriptions of the major objectives and activities of the courses of study covered by this agreement including the evaluation of student work which are a part of this agreement. The term "course value" refers to the number of credits (secondary education) or weeks of work (elementary education) the student will attempt.

**Classes:**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

**Reporting:** We understand that students are required to report to their teacher(s) upon return from planned absence.

**Assignments:** According to the District policy for grades kindergarten through 12, the maximum length of time allowed between when the assignment was issued and the date the assignment is due is 21 calendar days, unless an exception is made in accordance with District policy.

**Voluntary Statement:** Independent study is an optional educational alternative that students voluntarily select, including students covered under California *Education Code* sections 48915 and 48917. All students who choose independent study must have the continuing option of returning to the classroom.

**Equitable Provision of Resources and Services:** The independent study option is to be substantially equivalent in quality and quantity to classroom instruction. Students who choose to engage in independent study are to have equality of rights and privileges with students in the regular school program.

**Signatures and Dates:** *We have read and understand the terms of this agreement, and agree to all the provisions.*

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

BHS Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Teacher (BHS dean of attendance): \_\_\_\_\_ Date: \_\_\_\_\_

