

CAPISTRANO UNIFIED SCHOOL DISTRICT

Esencia K-8

Independent Study Contract (ISC) Request

Please complete the ISC Request Form below and return it to the Attendance Office no less than 5 school days prior to the first day of your student's absence.

By filling out the request for an ISC, we acknowledge that we have read, understand and agree to comply with the criteria governing an Independent Study Contract.

Student Name _____ Date of Birth _____

Grade: _____ Teacher _____

Parent name _____

Address _____

Parent Email _____ Parent Phone number _____

Today's date: _____

First day of absence: _____

Last day of absence: _____

Date **back in class**: _____

Total number of **school days** missed: _____ (do not include school holidays)

Will the student have internet access? _____

Is your student receiving IEP services? _____ (requires a meeting with case carrier to add ISCs to IEP)

Are you traveling outside the country? _____