



Beginning date: _____
End date: _____

## Bella Mente Academies Independent Study Master Agreement

Student ID# \_\_\_\_\_

Student Last Name	First	Date of Birth	Grade	School
Complete Street Address	Apt #	Home Phone	Work/Emergency Phone	
City	Zip Code	Parent/Guardian's Name:		

\* Manner in which personnel has contact with the student: (✓ Check the one that applies)

<b>Manner:</b>	<b>Frequency:</b>	<b>Location:</b>	Day of Week _____
<input type="checkbox"/> One to one	<input type="checkbox"/> Daily	<input type="checkbox"/> School Site	Time _____
<input type="checkbox"/> Small group	<input type="checkbox"/> Once a week	<input type="checkbox"/> Home Education Office	
<input type="checkbox"/> Mail	<input type="checkbox"/> Biweekly	<input type="checkbox"/> Home	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other _____	
	<input type="checkbox"/> Other _____		

COURSE/SUBJECT	ASSIGNMENTS	% Work Completed	Teacher's Initial
1. _____	_____		
2. _____	_____		
3. _____	_____		
4. _____	_____		
5. _____	_____		

\* Days of attendance earned \_\_\_\_\_ of \_\_\_\_\_ \* Credits earned (if applicable) \_\_\_\_\_

\* Method of Evaluation: (✓ Check all that apply)

<input type="checkbox"/> Conferences	<input type="checkbox"/> Standardized testing	<input type="checkbox"/> Demonstration of skills	<input type="checkbox"/> Other
<input type="checkbox"/> Phone reports	<input type="checkbox"/> Presentation	<input type="checkbox"/> Oral or written	
<input type="checkbox"/> Student log	<input type="checkbox"/> Written test	<input type="checkbox"/> Work samples of Assignment completion	

- I agree to meet and to complete the assignments as designed by the BMCS course outlines, and the Supervising teacher. Additional assignment sheets or lesson plans may be attached to this agreement.
- We have read both sides of this agreement and hereby agree to all conditions set forth within.

Student Signature _____	Date _____
Parent Signature _____	Date _____
Supervising Teacher Signature _____	Date _____
Other Signature _____	Date _____

DISTRIBUTION: Original/CSS-CUM Copy/Parent (via email)

### Objectives and Methods of Study

- The major objective for the duration of this agreement is to enable the student to keep current with grade studies for the period(s) covered by this agreement.
- The student will attempt to successfully complete the objectives of the course or assignments as outlined by the Bella Mente Charter School and/or the supervising credentialed teacher.
- Methods of study may include: core curriculum materials, independent research, field trips, projects, oral and written reports.
- Student assignment forms may include additional descriptions of the objective, study methods, activities, resources supplied, due dates, and evaluations methods.
- Assignment begins on the first homeschool day of the month and must be completed by the last day of the month. Turn in completed assignments to your child's teacher as requested by the first day your child returns to school.

### Resources

- The School will provide instructional materials and other necessary items and resources as specified for each assignment.

### Student Agreement

- Independent Study is an optional education alternative that I have voluntarily selected.
- I agree to complete my assigned work.
- If I do not give evidence of completed assignments, this may result in review of my continuation in Independent Study. (Master Agreement and assignments will stipulate amounts of time allowed to complete assignments.)
- I am entitled to textbooks, supplies, and resources received by other students enrolled in the Bella Mente Charter Schools.
- I have the same rights as any student in the Bella Mente Charter School.
- I must follow the rules of discipline as established by the Education Code and Standards for Student Behavior of the Bella Mente Charter School.

### Parent Agreement

- Independent Study is an optional education alternative that I have voluntarily selected.
- It is my responsibility for the supervision of the student while he/she is completing the assigned work, and for submitting all completed assignments for evaluation on the assigned due date.
- Unless otherwise indicated, I agree to meet with the supervising teacher 10 days before the first day of the Independent Study to establish the Master Agreement. Not applicable for students with an Individualized Education Plan (IEP).
- I am liable for the replacement cost or repair for damaged or lost books and other materials that are checked out to the student.
- If the student has an Individualized Education Plan (IEP), the IEP must specifically provide for his/her enrollment in Independent Study.
- If the student has an Individualized Education Plan (IEP), a meeting must be held prior to completing the Independent Study Master Agreement.
- It is my responsibility to provide transportation to scheduled meetings and or other travel covered by this agreement.
- I understand that the Independent Study Agreement is considered incomplete until my student's work has been submitted.
- I will receive an email within 10 school days confirming completion of the Independent Study Master Agreement.
- I understand that it is my responsibility to follow up with the school if I do not receive the email confirmation to ensure my student's Independent Study Agreement is complete.