



BETHANY LUTHERAN SCHOOL

INDEPENDENT STUDY CONTRACT

This form is to be given to the homeroom teacher
at least three (3) school days before the first day of absence.

Student Name: _____

First Day of I.S. ____/____/____

Last Day of I.S. ____/____/____

Subject	Assignments
1.	
2.	
3.	
4.	
5.	
6.	
7.	

I understand that these assignments are due on the date of return listed above.
Incomplete and missing work will not receive credit and may not be made up at a
later date.

Parent Signature: _____ Office: _____