**Julian Charter School Acknowledgement of Responsibilities**

**Student's Agreement:**

● I voluntarily request participation in this independent study program and have read and understand the terms of the master agreement.

● I will complete all assignments given to me during the time this agreement is in effect by the due date stated on the Assignment and Work Record (AWR). ● I will organize my work for the JCS Independent Study Teacher to see and discuss when we have meetings.

**Parent/Legal Guardian's Agreement I agree to the above conditions listed under "Student's Agreement". I also understand that:**

● I am responsible for evaluation of daily work and will ensure that my child understands material before continuing on to the next topic.

● In the event that my child or I need help with understanding or completing an assignment, I will contact the independent study teacher.

● If I become aware of special or extenuating circumstances that will prohibit my student from turning in the assigned work by the due date, I will contact the Independent Study Teacher prior to the due date to make alternative arrangements.

● I understand that it is my responsibility to provide any needed transportation for my child's scheduled meetings at a mutually agreed upon location reflected on the face of this agreement and that lack of transportation is not an acceptable reason for failing to meet with the Independent Study Teacher. I have the right to appeal any decision about my child's placement in accordance with the school’s policies and procedures.

Please read each statement and initial your understanding:

\_\_\_\_\_\_\_I understand that meeting dates and times should be changed only in the case of an emergency.

\_\_\_\_\_\_\_I understand that if a meeting date is postponed, interim assignments are required.

\_\_\_\_\_\_\_I understand that course assignments and monthly assignments are based on information I have provided on the enrollment form, and that incorrect information may jeopardize my child's enrollment in the school, and may negatively affect graduation status.

\_\_\_\_\_\_\_I understand that my child may not be enrolled at another school, either full or part time, while enrolled at JCS.

**JCS Independent Study Teacher Agreement**

● will assign a body of work to be completed during the duration of the master agreement.

● will evaluate work in a timely manner

● will contact the family to ensure that progress is being made in assignments. ● will notify the student and parent/legal guardian of the academic credit granted for work completed.

**Signatures and Dates:**

I have read and I understand the terms of this agreement, and agree to all provisions set forth:

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian/Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Supervising Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_