

Renaissance Academy
Independent Study Request Form

Phone: 310.216.1111

Dear Teacher:

_____ (student's name) is requesting enrollment into independent study. Please indicate _____ (student's name) **current grade** in your class (on back) and any comments helpful for evaluating this student's eligibility for Independent Study at Renaissance Academy. A check is placed next to each class the student is currently enrolled in.

English: _____ Teacher Name: _____
Teacher comments _____

Chemistry/Biology: _____ Teacher Name: _____
Teacher comments _____

Algebra I or Algebra II _____ Teacher Name: _____
Teacher comments _____

Geometry _____ Teacher Name: _____
Teacher comments _____

Pre -Calculus: _____ Teacher Name: _____
Teacher comments _____

History (US or World) _____ Teacher Name: _____
Teacher comments _____

Physics: _____ Teacher Name: _____
Teacher comments _____

Economics/Government: _____ Teacher Name: _____
Teacher comments _____

Other: _____ Teacher Name: _____
Teacher comments _____
