FRONTIER ACADEMY HIGH SCHOOL
Independent Study Form

_____ _____
Student Name Teacher Name

Course Title:_____

Course
Objective:_____
_____
_____
_____
_____

Course
Materials:_____
_____
_____

Instructor Meeting Time (Circle One):

Daily Weekly Biweekly Monthly

Other:_____

Assignments will be turned in (Circle One):

Daily Weekly Biweekly Monthly

Other:_____

Teachers will be responsible for entering at least one grade each quarter

_____ _____
Parent Signature Date Teacher Signature Date

_____
Counselor Approval