



Ninth Grade Independent Correspondence Request

Name of School _____

Name of Supervising Teacher _____

Name(s) of student(s) participating in Independent Correspondence Program _____

Total number of ninth grade students _____

Grades to be in the same classroom with ninth grade student/s _____

Is this the first year of having a ninth grade independent correspondence program? Yes No

What monthly fee* will be charged per student for participating in this program? _____

Registration Fee _____

What online and/or correspondence program will be used?

Pre-approval by the Board of Education is needed if not using Griggs or Sycamore Academy (www.sycamoreacademy.com).

List the classes the student will be registered for _____

Voted School Board Action to request an independent study program for this ninth grade student(s):

Date of School Board Action _____

Signature of School Board Chair _____

Please submit a signed copy of this form to the Michigan Conference Office of Education.

***This fee must be a minimum of \$50.00 per month.**

This request has been

Approved

Denied

Superintendent

Date