



Basic Skills Assessment & Educational Services

New Covenant Christian Academy

For office use only:	
Date Rec'd _____	
App. fee \$ _____	
chk # _____	<input type="checkbox"/> cash
file sent: _____	

Independent Study Application 2017-2018

Please type or print in black or blue ink. Please complete one application for each student you wish to enroll.

Student Information

Date: _____

Student's Full Name: _____

Present Age: _____ (Last) Date of Birth: ____/____/____ (First) (Middle) Grade Level: _____

Date of Graduation: _____ Current GPA: _____

Parents

Father _____
 Name Marital Status

Mother _____
 Name Marital Status

Address: _____ Home Phone: (____) _____
 (Street) Work Phone: (____) _____
 (City) (State) (Zip) E-mail: _____

School Attending

Name of School: _____ School Phone: (____) _____

School Address: _____
 (Street)
 (City) (State) (Zip)

School Representative: _____, _____
 Name Position

Grade report needs to be submitted to school by : _____
Date

Please explain why you are applying for the Independent Study Program:

Courses

Please list the courses you wish to complete and the units needed:

½ Unit (one semester)

1 Unit (two semester)

Have you failed or decided to retake any of these courses? If yes, please explain:

Commitment Agreement

- All work will be scored and recorded only by a parent.
- All tests and quizzes will be given closed-book and without any help relative to the concepts being evaluated, *any exceptions to this standard will be made at the advisor's discretion.*
- All information on this application is true to the best of our knowledge.

(Father's/Guardian signature)

(Mother's/Guardian signature)

(Student's signature)

(Date)

Application

- Verify with the school that units earned through the Independent Study Program will be accepted for credit.
- Please enclose the following for each student you plan to enroll:
 - *Independent Study Application (this form)*
 - \$50.00 non-refundable application fee (payable to Basic Skills)
- Once these components have been received, the supervising teacher will contact you to schedule an initial consultation.
- **Full payment of tuition as listed below is due at the time of the initial consultation.**
 - One Semester: \$50.00 (half unit)
 - Two Semesters: \$100.00 (full unit)
- Mail the application and payment to:
Basic Skills
19146 Molalla Ave
Oregon City, OR 97045

Note: When necessary, your advisor may request a current high school transcript.