



### Independent Study Student Contract

Student's Name \_\_\_\_\_ Sport Season \_\_\_\_\_

St. Croix Catholic School's Parent-Student Handbook states the following with regards to responsibilities of SCCS student athletes:

[For students playing for Stillwater Middle School (SMS), District 834], an independent study contract for the class or classes missed must be signed and adhered to by both the student and the parent. (pg.10)

Players and participants have an obligation to: attend practices and meetings; demonstrate respect for coaches and advisors, fellow participants, and opponents; develop a team commitment; maintain good academic standing. (pg. 52)

By signing below, I \_\_\_\_\_ (*name of student*) understand that it is my responsibility to meet the following requirements for the duration of the sports season. Failure to do so may result in removal from the team as it impacts academic class time.

I will maintain a minimum 75% average in all of my classes.

I will complete classwork and assignments missed from early release days each evening in order to be prepared for class the next day.

It is my responsibility to find a time to speak with my teacher(s) each day I will be missing class(es) to obtain hand-outs and any information necessary to complete missed work in order to be prepared for class the next day.

I will be expected to take tests, quizzes, and keep up with assigned classwork on the days assigned for the entire class.

I will maintain good disciplinary standing.

I will obtain approval from all of my teachers (below) to participate in this activity.

I will inform my parents of the above-mentioned expectations and will accept their support in meeting these expectations (parent/guardian signature below).

I will attend any meetings scheduled by my teachers should academic or disciplinary concerns arise.

Religion Teacher's Signature \_\_\_\_\_

English Teacher's Signature \_\_\_\_\_

History Teacher's Signature \_\_\_\_\_

Math Teacher's Signature \_\_\_\_\_

Science Teacher's Signature \_\_\_\_\_

Communications Teacher's Signature \_\_\_\_\_

PE/Health Teacher's Signature \_\_\_\_\_

Spanish Teacher's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_