

# SEAQUAM SECONDARY

## Application for a Grade 11 Independent Study Block

**Parents and students - please ensure that you read through this application thoroughly and sign in the appropriate place.**

Name: \_\_\_\_\_ Student #: \_\_\_\_\_

It is important for students to remember that the purpose of attending high school is to obtain a **well-rounded** education while meeting the necessary graduation requirements. We encourage ALL students to take advantage of the myriad of course offerings Seaquam provides. It is the responsibility of a student, through consultation with his or her parents and school counsellor to ensure that all appropriate Graduation requirements are met.

Some students in grade 11 may be granted **1(one)** Study Block in their schedule but this will be entertained only if all of the following criteria are met:

1. A student has a minimum of 6 academic courses.
2. A student has significant outside commitments (attach your letter to your application).
3. A student has explained, in writing, the rationale for the request.
4. A student has signed parental support.
5. A student has exemplary attendance and does not present any discipline concerns.
6. A student has received approval from the Administration.

***Please note: In no situation will a grade 11 student be able to take fewer than 7 courses unless there are exceptional circumstances.***

Why do you require an **Independent Study Block**? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What course will you replace the requested study block with should your request be declined? \_\_\_\_\_

\_\_\_\_\_

Expectations for a granted study block:

1. Students will be in the library (if it is available), off school grounds (not in any smoking areas), at home or in the public library, in the cafeteria, NOT in the halls.
2. Students are to use this time for review of work, preparing for tests or for completing assignments.
3. Students not abiding by the above may lose the right to an independent study block.

I understand the above expectations and agree to abide by them.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

◇Approved

◇Not Approved

Date: \_\_\_\_\_

\_\_\_\_\_  
Counsellor Signature

\_\_\_\_\_  
Administrator's Signature