



621 South Third Street
Stillwater MN 55082
651 439-5581
www.stcroixcatholic.com

Student's Name _____

Student's 7th hour class _____

Teacher _____

Middle School Independent Study Contract (2009 – 2010)

I will be participating in _____ at Stillwater

Junior High School beginning Fall Winter Spring (circle one).

I understand that my parents and I are responsible for all assignments and tests given for any classes I miss. We will visit weekly with the teacher at a time mutually convenient for both parties. It is the responsibility of my *parent* to schedule these meetings with the teachers.

Student Signature

Parent Signature

_____ Teacher initials