



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

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Student's Name \_\_\_\_\_

Student's 7<sup>th</sup> hour class \_\_\_\_\_

Teacher \_\_\_\_\_

### Middle School Independent Study Contract (2010 – 2011)

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