



Summerville Elementary School
18451 Carter St • Tuolumne, CALIFORNIA 95379
(209) 928-4291 • Fax (209) 928-1602

SHORT TERM INDEPENDENT STUDY ASSIGNMENT SHEET

Student: _____ *Assignment Dates: From* _____ *to* _____

Teacher: _____ *Grade:* _____ *Subject:* _____

All work assignments and work shall be completed by : _____

Possible Days of Credit ()		Day of School Credit Earned

Verification of Assignment/Teacher Signature-Date

Verification of Completed Assignment/Teacher Signature -Date