

Student Home Study Form

To be completed each academic year if a student wishes to take up the opportunity of home study (to be signed by Parent/Carer*)

Name of Student			
Year Group (12/13/14)			
Day(s) when late arrival or early departure is requested (please tick as appropriate)	Monday	<input type="checkbox"/>	
	Tuesday	<input type="checkbox"/>	
	Wednesday	<input type="checkbox"/>	
	Thursday	<input type="checkbox"/>	
	Friday	<input type="checkbox"/>	

1.	I understand that upon successful completion of the Academy's probation period, my child will be given the opportunity of home study. Until this has been confirmed, I understand that my child will be expected to remain on site during the Academy day.
2.	I agree to my child undertaking home study on the above days when his/her lessons are not scheduled for the whole day. This may include study at home, at a local library or at another designated place suitable for revision or the composition of work.
3.	I understand that if, for any reason, my child's attendance or academic performance drops, or deadlines are not being met, then this arrangement will end and my son/daughter will attend from 0830 and be involved in supervised study. In these circumstances, the opportunity for home study will be evaluated after each monthly data drop.
4.	I am aware that my child's Personal Tutor may require my child's attendance at the Sixth Form at any time during the Academy day.

Name (print)	
Relationship to student	
Signature	
Date	

*It is critical that we receive consent from a Parent/Carer, irrespective of the student's age, so that we have a clear legal record of authorisation. Thank you.