

**WEST SONOMA COUNTY UNION HIGH SCHOOL DISTRICT
COORDINATOR VERIFICATION OF ATTENDANCE GRANTED
FOR SPECIAL CIRCUMSTANCES INDEPENDENT STUDY**

Note: All Evaluation of Assignment sheets (Board Policy Exhibit 3(c)) and student work must be attached to this document.

Student Name: _____

Beginning Date: _____

Ending Date: _____

Total Days of Attendance Granted: _____

School Coordinator's Signature: _____

Date: _____

Approved: October 22, 2008

WEST SONOMA COUNTY UHSD
Sebastopol, CA