



Dr. Brett Miller  
Principal

# The Fox Lane High School

P.O. Box 390 | Route 172  
Bedford, NY 10506  
(914) 241-6085



Mr. Emerly A. Martinez  
Ms. Ana Piquero  
Assistant Principals

## Independent Study Application

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Title of Proposed Project: \_\_\_\_\_

Project Description (*goals & rationale*):

*A single-page, typed description of your project must be attached to this form.*

Time Line for Project:

Start Date: \_\_\_\_\_

Meeting Schedule: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent: \_\_\_\_\_ Signature: \_\_\_\_\_

Department Coordinator: \_\_\_\_\_ Signature: \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Signature: \_\_\_\_\_

### For Office Use Only

Accepted: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Credit Attempted: .5 or 1.0  
*(Circle one)*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

