

# GARFIELD HIGH SCHOOL - Study Plan

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

In order to be able to attend this field trip you need to develop an Academic Study Plan in the subject marked below. You must prepare a plan that your teachers, counselor and parent agree with. This must be returned with your *Permission to Participate* form.

History	Lang Arts	Math	Science	Elective _____ <small>(specify course)</small>
Elective _____ <small>(specify course)</small>			Running Start _____ <small>(specify course)</small>	

Subject: _____	Teacher: _____
<u>Academic Study Plan:</u>	
_____	
_____	
_____	
_____	
Student's Signature: _____	Date: _____
Teacher's Signature: _____	Date: _____

Subject: _____	Teacher: _____
<u>Academic Study Plan:</u>	
_____	
_____	
_____	
_____	
Student's Signature: _____	Date: _____
Teacher's Signature: _____	Date: _____

I have read and agree with the academic study plan(s) above:

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_