

**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