



Fox Lane High School

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



Sue Ostrofsky, *Interim Principal*
Ms. Kristy Emery, Ms. Ana Piquero and Mr. Jason Spector, *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: _____



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Bedford Central School District
Inspiring and Challenging Our Students

